

SEMINAR CUM LECTURE PROGRAMME ON
IDENTITY POLITICS AND REGIONALISM IN ASSAM
MAYANG ANCHALIK COLLEGE

Registration Form for Participants

Title of the Programme : _____
Venue : _____ Date: _____

Name in Full (in Capital Letters):Mr./Ms. _____

Male Female

Category: SC/ST/North-East/OBC/General

Educational Qualification: _____

Whether physically challenged: Yes / No

College _____

Department and Year _____

Address for communication (Present)

District: _____ State: _____ PIN: _____
Phone _____ Mobile _____
Email _____

Permanent Address

District: _____ State: _____ PIN: _____
Phone _____ Fax _____
Mob: _____ Email _____

Date: _____ Signature _____