

Application Form

Name of the Society				
Society Email				
Name of the Senior Treasurer				Personal contact Details
				T.P. No
				Email
Three officer-bearers	Name		Position	T.P. & Email
	1			
	2			
	3			
Two representatives 3rd Year	Name		T.P. & Email	
	1			
	2			
Two representatives 2nd Year	1			
	2			
Two representatives 1st Year	1			
	2			
Objectives of the Society				
Year of the establishment of the society				
Name of the University				
Name/ Address & Contact Details of the Faculty /Institute	Name	Address	Fax	Tel

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Dean of the Faculty

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Senior Treasurer

For office use only

Registration No. :

Date received :