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| --- | --- |
| Event Type: Seminar/Workshop/Event | Event Date/Time: |
| Event Name:  | Event Place: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr No | Student Name | Institute/University Name | Branch | Semester | Category | Mobile No | Email ID | Gender(M/F) | Aadhar No | Sign |
|  |  |  |  |  |  |  |  |  |  |  |

Total Present:- \_\_\_\_\_Nos

Name of Coordinator-

Sign of Coordinator