



BANWARI SAHU MAHAVIDYALAYA, LATEHAR

Registration Form For Participating 42th College Establishment Day 2025

Personal Information

Please fill out the following details accurately to complete your registration.

- Full Name: _____
- Date of Birth: ____ / ____ / ____
- Gender: ☐ Male ☐ Female ☐ Prefer not to say
- Roll No. : _____
- Session. : _____
- Hons. : _____

- Email Address: _____
- Contact Number: _____

Address Details

- Address: _____
- City: _____
- State/Province: _____
- Postal/Zip Code: _____

Program Name to Participate:- _____

Signature of Applicant: _____

Date: ____ / ____ / ____