Gujarat Technical University

YOUTH FESTIVAL SEPTEMBER-2014

Summary Form

Name of Institute:- _____

Name of Team Manager:-(1)_____Mo.No:-_____

(2)_____Mo.No:-_____

Total No of Participants:-_____

Total No of Accompanists:-_____

No of Person Taking B/F, Lunch, Dinner:-_____

Round Seal

Authorized Signature & Seal