

Amogh Urja: Pharma Youth Festival 2024

27th-29th January 24

Hosted BY: Dadasaheb Balpande College of Pharmacy, Besa, Nagpur-37 (MS) India

Consolidated Registration Form

A. Details of the College:

Name of the College: _____

Address of the College: _____

Landline Number/s of the College: _____

E-mail of the Office: _____

Name of the Principal/Head of Institute : _____

Landline No. of the Principal/Head of Institute _____

Mobile No. of the Principal/Head of Institute : _____

E-mail of the Principal/Head of Institute: _____

B. Details of the Teacher Co-ordinator:

Full Name: _____

Designation: _____

Department : _____

Mobile No.: _____

WhatsApp No. : _____

Email : _____

C. Details of the Student Co-ordinator:

Particulars Student Co-ordinator

Full Name : _____

Class : _____ Mobile No. _____

WhatsApp No.: _____

Email: _____

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D. Details of the Events to be Participated:

Sr. No.	Title of the Event	Category	Entry Fees	Tick for Participation
For Institute enrolled students				
1	Volleyball	Team	800	
2	Chess	Individual	100	
3	Carrom	Duet	100	
4	Dance (Solo)	Individual	300	
5	Dance (Group)	Group (Max. 15 Participants)	1000	
6	Drama& mime	Group/Individual	300	
7	Debate	Group (2 Participants)	100	
8	Quiz	Group (3 Participants)	300	
9	Rock Band	Group	300	
10	Beauty Contest (Mr. Pharma)	Individual	500	
11	Beauty Contest (Ms. Pharma)	Individual	500	
12	Karaoke Singing (Best Male Voice)	Individual	300	
13	Karaoke Singing (Best Female Voice)	Individual	300	
For Faculty				
14	Chess	Individual	200	
15	Carrom	Duet	200	
16	Karaoke Singing (Best Male Voice)	Individual	500	
17	Karaoke Singing(Best Female Voice)	Individual	500	
18	Dance (Solo)	Individual	500	
19	Dance (Group)	Group (Max. 10 Participants)	1000	
Total				

(Note: For all events rule, regulation and schedule please refer: www.dbcop.org/amoghurja)

Bank Detail for payment:

Account Name: Dadasaheb Balpande College of Pharmacy

Bank Name: ICICI Bank, Manish Nagar Branch, Nagpur-15

Account No. 749901000238 IFSC Code: ICIC0007499

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E. Details of the Payment:

Mode of Payment: Cash/NEFT/RTGS/UPI/Other

Transaction Detail: _____

Date: _____

Amount (Rs.): _____

F. List of Event and Participants (Sample Format)

1	Name of Event	Enrolled Event 1
	1.1.	Name of Participant 1
	1.2	Name of Participant 2
2	Name of Event	Enrolled Event 2
	2.1.	Name of Participant 1
	2.2	Name of Participant 2

Important Instructions:

- ✓ Filled Form and payment detail must be mail to amoghurja@dbcop.org on or before **22nd January 2024**.
- ✓ Please attach attested list of all event enrolled and participants detail as per above given format (List of Event and Participants)
- ✓ Institute I-Card/Bonafide is mandatory during reporting along with hard copy of filled form. Failure to produce may subject to rejection of participation.
- ✓ Mail payment/ transaction slip with the form.
- ✓ Lunch is provided to all participant.

For any Enquiry/ queries please contact:

Ms. Ruchi Shivhare, Registration Committee Coordinator +919503640446

Mr. Sachin More, Organizing Secretary, Amogh Urja +918208253279

Dr. Nilesh Mahajan, Event Coordinator, Amogh Urja +918600882404

Name & Signature of Teacher incharge

Name & Signature of Principal/Head

Seal of Institute

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