

Team has to send **ANY ONE** of the below annexures to manisch.aglawe@gmail.com along with your payment details.

Annexure-1 (Letter from Principal/HOD)

Or

Annexure-2 (Self attestation letter from team members)

Or

Annexure-3 (Scan or Photo of College ID cards of team members)

Annexure-1

(To be given on letter head of College, signed by Principal/Head, stamped, scanned/photo taken and send to manisch.aglawe@gmail.com)

Dt.

This is to certify that the below team(s) of students are bonafide students of this college and they are willing to participate in **National Level Pharma Quiz 2016-17** being organized by Smt. Kishoritai Bhoyar College of Pharmacy, Nagpur. They will abide to the rules and regulations of organizers.

Team-1:

S.No.	Student's Name	Mobile No.	Class
1.			
2.			

Team-2:

S.No.	Student's Name	Mobile No.	Class
1.			
2.			

Team-3:

S.No.	Student's Name	Mobile No.	Class
1.			
2.			

Team-4:

etc.

Thanking you

[Principal/Head]

Name:

Signature with seal and date:

Contact No.

Annexure-2

We, _____ (*1st student name & class*) and
_____ (*2nd student name & class*) are students of
_____ (*College name and
address*) and are interested to participate in **National Level Pharma-Quiz 2016-17** being
organized by Smt. Kishoritai Bhoyar College of Pharmacy, Nagpur. We herewith ensure that we
will abide to the rules and regulations of organizers.

Signature of 1st student

Mobile No.

Signature of 2nd student

Mobile No.

Annexure-3

(You can take scan of both of your college ID cards or take photo with your smart phone and send to manisc.aglawe@gmail.com along with payment particulars)