

BSS ACADEMIC STAFF COLLEGE

CHENNAI – 600 063 INDIA

(FORM TO BE FILLED IN ENGLISH ONLY)

DATE: _____

1. NAME OF THE PARTICIPANT :

2. INSTITUTE NAME & FULL ADDRESS :

3. SEX : Male / Female

4. INSTITUTION PHONE NUMBER :

5. INSTITUTION MOBILE NUMBER :

6. PARTICIPANT PERSONAL MOBILE NUMBER :

SIGNATURE OF THE
INSTITUTE AUTHORITY

SIGNATURE OF THE
PARTICIPANT