



RESEARCH AND POSTGRADUATE DEPARTMENT OF CHEMISTRY
ST. THOMAS COLLEGE, PALAI

REGISTRATION FORM

Participant 1			
Name		Class	
Address			
E-mail		Phone	
Participant 2			
Name		Class	
Address			
E-mail		Phone	

This is to certify that Shri/Smt. _____ (Name of participant 1) and Shri/Smt. _____ (Name of participant 2) are bonafied students of this college/institution _____ pursuing the course _____ (specify name of course of participant 1) and _____ (specify name of course of participant 2).

Date

Seal

Director / Principal