



REGISTRATION FORM FOR THIRD CONVOCATION CEREMONY - 2016

Name (In BLOCK Letters): _____

Registration Number: _____ Program/Degree _____ Year of Graduation _____

WORK & CONTACT DETAILS

Company Name: _____ Designation: _____

Address: _____ Email ID: _____

Mobile No. _____ Tel. Res. _____ Tel. Work _____

REGISTRATION FEE

	Amt. (AED)	Check (if applicable)		Amt. (AED)	Check (if applicable)
Graduate	400		Children (12 +)	250	
Guest 1	250		Children (6-12 yrs)	100	
Guest 2	250				
Total			Total		

Please select the Regalia size (*Regalia once selected will not be changed on the day of the event*):

i. XXL__ ii. XL__ iii. L__ iv. M__ v. S__ vi. XS__

Signature of Student

Date: _____

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FOR OFFICIAL USE

<u>REGISTRATION</u>	<u>FINANCE</u>
Name: _____	
Registration No: _____	All Dues cleared: Yes __ No __
Registration Fee to be paid: _____	Signature & Date: _____
Signature & Date: _____	Stamp: _____
Remarks: _____	