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**CHEMIAD 2016**

**NAME OF THE COLLEEGE:**

**COMPLETE POSTAL ADDRESS:**

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| **TEACHER INCHARGE – 1** | **FULL NAME:** | **EMAIL:** | **MOB:** |
| **TEACHER INCHARGE – 2** | **FULL NAME:** | **EMAIL:** | **MOB:** |
| **TOTAL STUDENTS**  **REGISTERED** |  | | |

**LIST OF PARTICIPANTS**

(ONLY FILL NAME AND MOBILE NO COLUMNS AND DO NOT MODIFY THE TABLE)\*

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| SR NO | NAME OF THE STUDENT (use capital letters only) | MOBILE NO | ROLL NO | OMR NO | SIGNATURE |
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