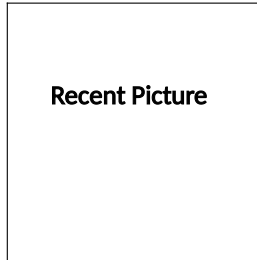


Synchronised Swimming Certification Course

REGISTRATION FORM

Date:



-
1. Name:
 2. Date of Birth:
 3. Gender:.....
 4. Permanent Residential Address:
.....
.....
 5. Phone No: Mo:..... Tel:.....
 6. Educational Qualification:
 7. Personal Email Id:.....
 8. Name of your Institutes/Clubs:
 9. Work Experience:

Signature of the Clubs/Institute:

Signature of the Candidate