**REGISTRATION FORM – ELOCUTION COMPETITION**

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| **Sr.No.** | **Name of the Participant** | **STD** | **Group** | | **Name of the School** | **Language**  **(Tick any one)** | | |
| **A** | **B** | **English** | **Hindi** | **Marathi** |
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Name of the Teacher. In charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email id : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_