

Vividha 2015
The Media fest
Department of Journalism and Mass Communication
Registration Form

(For Individual Participation)

Name of the Participant: _____

Class and Faculty of the Participant: _____

Events: _____
(Multiple events should be entered with commas)

Name of the Institution: _____

Mobile: _____

E-mail id: _____

(For Group Participation)

Name of the Team: _____

Name of the Participants: _____

Event: _____

Name of the Institution: _____

Name of the Coordinator: _____

Mobile: _____

E-mail id: _____

If participant is applying for film festival then fill the following fields:

Title of the Film: _____

Year of production of the Film: _____

Film Director: _____

Theme of the Film: _____
