



**SREENARAYANGURU OPEN UNIVERSITY
KALOTSAVAM 2025 GROUP EVENT REGISTRATION**

Group Event Name	
Number of Participants	
Name of the Learning Support Centre	
Name of the Regional Centre	
Team Captain's Details	Name:
	Ph. No.

Sl.No .	Participants Name	Enrollment No	Name of the LSC	Remarks
				Team Captain

sd/-
Team Captain

For RC officials

Date		Signature	
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