

CONFIRMATION OF PARTICIPATION

(To be Returned completely filled in, sealed and signed over Email Id : ----- immediately.)

1) Name & Address of the Establishment :

2) Name(s), designation(s) and :
contact no. / email / fax of -----
the Personnel participating in -----
the event -----

2) Name of College Alumni -----

3) Details of the seats of Graduate/Technician/ Engineers/ Architectures which will be filled by your establishment in the Pool Campus:

Sr. No	Subject Field (Branch)	No. of Seats to be filled		Salary (Rs.)	
		Degree	Diploma	Degree	Diploma

Specific Requirement, if any, for conducting interviews/tests

SEAL OF THE ESTT.

Signature : _____

Name : _____

Place: Designation : _____

Date: Cell No. : _____