



Department of Arabic, University of Kerala
International Arabic Day Celebration
NATIONAL LEVEL QUIZ COMPETITION

Registration Form

Name of Participants : 1.
: 2.

Institution :

University :

Course :

Residential Address :

Mobile :

Email :

Photo

Declaration by Principal / Head

Certified that Mr./Mrs.

.....

(Name of the participants) are regular student of this college/
Department.

Office seal

Signature