

**MAR THOMA
STUDENTS' CONFERENCE 2018**

REGISTRATION FORM

Name :
(In Block Letters)

Address :
.....

Phone No. :

Date of Birth :

Parish :

Course of Study :

Name of the Institution :

I will abide by the rules and regulations of the conference.

Signature

CERTIFICATE OF VICAR

Mr/Miss

is a member of my Parish. The date of birth and other information given above is true to the best of my knowledge.

Vicar :

Signature :

Parish :

Place :

Date :

Seal