PRAKALPA -2026

Management Interns' International Conclave

AUTHORISATION FORM

Name of the Institute : _____

Address of the Institute : _____

_____

Participants Details:

Sl. No.	Name of Participants	Program & Sem.	E-Mail ID	Mobile No.
1				
2				

Seal and Signature
(Director/Principal/H.O.D/Dean)