



KAB EDUCATIONAL SERVICES PVT. LTD

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REGISTRATION FORM

For participating in Interactive Session on how to attain Academic Excellence in Engineering Colleges.

Name of the Participant : _____

Designation : _____

College Name : _____

Contact Details : _____

Address : _____

Communication Details:

Phone Number : _____

E-mail : _____

Mobile : _____

WhatsApp : _____

Alternate Number : _____

Other team Members:

1) _____

2) _____

Date : 19-11-2017 (Sunday)

Time : 10 AM to 5 PM

**Venue : Hotel Ashoka Best Western,
Lakdikapool, Hyderabad**

Signature