



MAURITIUS TELUGU CULTURAL CENTRE TRUST

under the aegis of the Ministry of Arts and Cultural Heritage

మొరిషస్ తెలుగు సాంస్కృతిక కేంద్రం

MUGGU COMPETITION

PARTICIPATION FORM

Name of Association:

Address of Association:

Participants

SN	NAMES	D.O.B	AGE	PHONE NUMBER
1				
2				
3				
4				

Name of Team Leader:

Address:.....

I, the undersigned on behalf of my team agree to abide by the Rules and Regulations of the Muggu Competition organised by the MTCCT.

Signature of Team Leader.....

Date: