SHRI. VASANTRAO NAIK GOVERNMENT MEDICAL COLLEGE, YAVATMAL

Extra Curricular Activity Form

Name of the student	
Address & Contact No-	
1.	Are you interested in doing any extracurricular activities?
	(Yes /No)
2.	If yes, please mark in which you want to participate
	a) Singing b) Drama c) Dance d) Music e) Others
3.	Have you Ever performed on stage?
	(Yes /No)
4.	have ever participated in any competition?
	(Yes /No)
5.	If yes please Specify
6.	Do you want to continue your interest in college cultural activities?
	(Yes /No)
7.	Do you wish to form group activities / to help others to learn & perform in college cultural
	activities? (Yes/No)
Q	any other activities you want to continue please specify

Signature Of the student