

**ANNEXURE 2 (TWO)**  
**UNIVERSITY OF MUMBAI**  
**DEPARTMENT OF LIFELONG LEARNING AND EXTENSION**

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**REGISTRATION FORM**  
**FOR STUDENT MANAGERS FOR EXTENSION WORK ACTIVITIES**  
**YEAR- \_\_\_\_\_**

1. NAME AND ADDRESS OF THE COLLEGE:

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\_\_\_\_\_

2. NAMES AND RESIDENTIAL ADDRESS OF THE STUDENT MANAGERS TO BE DEPUTED FOR EXTENSION

1. \_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile: \_\_\_\_\_ Email Id: \_\_\_\_\_

2. \_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile: \_\_\_\_\_ Email Id: \_\_\_\_\_

3. \_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile: \_\_\_\_\_ Email Id: \_\_\_\_\_

4. \_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile: \_\_\_\_\_ Email Id: \_\_\_\_\_

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**Sign of the Principal**  
**(College Stamp)**