



GRIHA CATALYST

Registration Form

Institute Information

Name of Institute:	
Address:	
City:	
Postal Code:	
Telephone:	
Email address:	
Courses Offered:	

Contact Information

Name of Point of Contact:	
Designation:	
Telephone:	
Email address:	

Membership Details

Category:	Gold <input type="checkbox"/>	Silver <input type="checkbox"/>
Date of Commencement:		

Date: / /

College Stamp

Name and Signature of Principal