



**Student Activity Centre  
Tezpur University  
Registration form for Music Practice Room**

1. Name:

2. Department:

3. Roll No.

4. Hostel:

Room No. :

5. Purpose:

6. Instruments to be played:

7. Expected days and time for practice:

8. Contact No.

9. Email:

I do hereby declare that the information provided above is true to the best of my knowledge.

Date:

(Signature)