



**ALL INDIA ASSOCIATION OF CATHOLIC SCHOOLS**

**ONLINE SEMINAR  
REGISTRATION FORM**

**AINACS SCHOOL CODE**  
*(For AINACS Members)*

Participant's Name.....

Designation.....

Date of Birth .....Month.....

Name of the School.....

Belong to diocese / Society.....

Name of the diocese / Society.....

**Postal Address:**

Place.....City.....

Town.....State.....Pin Code.....

Mobile No.....WhatsApp No.....Phone.....

School E-mail Id :.....Personal Id.....

*If Society –*

Name of the Provincial Superior .....

Address : .....

Mobile No. ....E-mail Id. ....

Date of birth.....Month.....

- N.B :** (i) Last date to submit : 1<sup>st</sup> August, 2020  
(ii) Each one need to fill the form if more than one is attending the seminar  
(iii) Participants are limited for this programme. Register immediately  
(iv) Fill and mail this form to - [mail@ainacs.org.in](mailto:mail@ainacs.org.in)

