



**Govt. College Kullu (H.P.)**  
**College Activity**



Sr. No.	Particular	Remarks
1	Date / दिनांक	
2	Name of Activity/	
3	Name of Unit/Agency/Department Organizing the Activity	
4	Name of Collaborating Agency (If Any)	
5	No. of Student Participants	
6	No. of Teacher Participants	
7	Brief Report संक्षिप्त प्रतिवेदन	

Organizer

Principal  
Govt. College Kullu (H.P)