

MISS & MRS. EUROPE PUNJABAN 2023

OFFICIAL REGISTRATION FORM FOR PARTICIPATE

PERSONAL DETAILS:-

PARTICIPANT FULL NAME _____
(First Name) (Last Name/Family Name)

ADDRESS _____

TELEPHONE NO. _____ Email _____
(Country Code) (Number)

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH: _____

PRESENT CITIZENSHIP OR RESIDENT PERMITE-COUNTRY NAME _____

LANGUAGE SPOKEN: PUNJABI (Yes/No) OTHERS _____
(Please specify)

LANGUAGE WRITTEN: PUNJABI (Yes/No) OTHERS _____
(Please specify)

SPECIAL TALENT _____

THE MOST RECENT BEAUTY CONTEST OR ANY OTHER CONTEST YOU HAVE PARTICIPATED.

TITTLE _____

FAMILY :-

ANY OF PARENTS NAME: _____

TELEPHONE NO _____ EMAIL _____

HEALTH CONDITION:

BLOOD TYPE : _____ DO YOU SMOKE? YES _____ NO _____

HAVE YOU EVER BEEN SERIOUSLY ILL? YES _____ NO _____

IS SO, PLEASE STATE THE ILLNESS _____

Please attach your resident id proof and your some pictures.

Participant Signature



Ranjit Singh Dhaliwal
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For Entry Fee 55 Euro Plz Scan

