

National Children's Science Congress, 2015

State Level Children's Science Congress

REGISTRATION FORM - A

Fill this form in capital letters and submit to your District Coordinator

1. State:																				
2. District:																				
3. Title of the Project :																				
4. Language Used:																5. Area (Rural/Urban):				
6. Name of the Group Leader:																				
7(a). Date of Birth:											b. Age as on 31/12/2015					8. Sex: (M/F)				
9. Name of Institution with Address:																				
PIN					Phone No(s).															
10. Residential Address:																				
PIN					Phone No(s).															
11. Particulars of the Team Member																				
i)a. Name:																				
b. Date of Birth:										c. Age as on 31/12/2015					d. Sex: (M/F)					
Address																				
ii)a. Name:																				
b. Date of Birth:										c. Age as on 31/12/2015					d. Sex: (M/F)					
Address																				
iii)a. Name:																				
b. Date of Birth:										c. Age as on 31/12/2015					d. Sex: (M/F)					
Address																				
iv)a. Name:																				
b. Date of Birth:										c. Age as on 31/12/2015					d. Sex: (M/F)					
Address																				
12. Name of the Guide Teacher:																				
Address																				
PIN					Phone No(s).															

Name and Signature of District Co-ordinator

Name and Signature of Head of the Institution

* Age should be between 10-17 years as on 31st December of the current calendar year and Birth Certificate of each team member should be verified by the District Coordinator at the time of Registration.

N.B.: A copy of this Completed Registration Form must be enclosed with the Project Report.