National Children's Science Congress, 2011
State Level Children's Science Congress
REGISTRATION FORM - A

Fill this form in capital letters and submit to your District Co-ordinator

1. State:

2. District:

3. Title of the Project :

4. Language Used: **5. Area** (**R**ural/**U**rban):

6. Name of the Group Leader:

7(a). Date of Birth: b. Age as on 31/12/2011 **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 31/12/2011 d. Sex: (M/F)

Address

ii)a. Name:

b. Date of Birth: c. Age as on 31/12/2011 d. Sex: (M/F)

Address

iii)a. Name:

b. Date of Birth: c. Age as on 31/12/2011 d. Sex: (M/F)

Address

iv)a. Name:

b. Date of Birth: c. Age as on 31/12/2011 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 Co-ordinator at the time of Registration.

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