Mational Children's Science Congress 20____ REGISTRATION FORM -A

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

1. STATE 2. DISTRICT 3. TALUKA 4. TITLE OF THE PROJECT 5. SUB-THEME CODE 6. LANGUAGE USED 7. AREA [RURAL/URBAN] 8. NAME OF THE INSTITUTION Address PIN	
3. TALUKA 4. TITLE OF THE PROJECT 5. SUB-THEME CODE 6. LANGUAGE USED 7. AREA [RURAL/URBAN] 8. NAME OF THE INSTITUTION Address	
4. TITLE OF THE PROJECT 5. SUB-THEME CODE 6. LANGUAGE USED 7. AREA [RURAL/URBAN] Address	
5. SUB-THEME CODE 6. LANGUAGE USED 7. AREA [RURAL/URBAN] 8. NAME OF THE INSTITUTION Address	
5. SUB-THEME CODE 6. LANGUAGE USED 7. AREA [RURAL/URBAN] 8. NAME OF THE INSTITUTION Address	
6. LANGUAGE USED 7. AREA [RURAL/URBAN] 8. NAME OF THE INSTITUTION Address	<u> </u>
6. LANGUAGE USED 7. AREA [RURAL/URBAN] 8. NAME OF THE INSTITUTION Address	†
8. NAME OF THE INSTITUTION Address	+
Address	7
Address	
	- 1
PIN	T
	T
	_
9. NAME OF GROUP LEADER	+
Gender [Male/Femal	e)
Date of Birth / AGE Whether has disability (Y/N) Type of disability (see code)	4
Address	_
PIN Phone E-mail ID	
	_
10. NAME OF GROUP MEMBER	-
Gender [Male/Fernal	e
Date of Birth / / AGE Whether has disability (Y/N) Type of disability (see code)	+
Address	4
PIN Phone E-mail ID	\perp
	Т
11. NAME OF GUIDE Gender [Male/Fema	le1
	+
Address	+
	+
PIN Phone E-mail ID	_

Name & Signature of District Coordinator

Name & Signature of Head of Institution

Date:

Sub Theme Codes: 01-Ecosystem and Ecosystem Services, 02-Health, Hygiene and Sanitation, 03-Waste to Wealth, 04-Society, Culture and Livelihoods, 05-Traditional Knowledge Systems

Types of Disabilities /Codes: Visual Impairment: VI, Low Vision: LV, Totally Blind: TB, Mental Retardation: MR Hearing Impairment: HI, Speed Impairment: SI, Multiple Disability : MI, Learning Disability : LD, Autism: AUT,

Orthopaedically Impaired: OI, Cerebral Palsy : CP

Age should be between 10-17 years as on 31st December of the current calendar year

District Coordinator to verify the age of all participants with Birth Certificates.

Copy of this form to be enclosed in the Project Written Report