

National Children's Science Congress 2017

REGISTRATION FORM -A

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

1. STATE																																		
2. DISTRICT																									TALUKA									
3. TITLE OF THE PROJECT																																		
																																SUB-THEME CODE		
4. LANGUAGE USED																									5. AREA [RURAL/URBAN]									
6. NAME OF THE INSTITUTION																																		
Address																																		
																																PIN		
Name of the Head of the Institution																																		
Phone									E-mail ID																									
7. NAME OF GROUP LEADER																																		
																																Gender [Male/Female]		
Date of Birth			/			/			AGE			Whether has disability (Y/N)			Type of disability (see code)																			
Address																																		
PIN					Phone									E-mail ID																				
FATHER'S NAME:																																		
MOTHER'S NAME:																																		
8. NAME OF GROUP MEMBER																																		
																																Gender [Male/Female]		
Date of Birth			/			/			AGE			Whether has disability (Y/N)			Type of disability (see code)																			
Address																																		
PIN					Phone									E-mail ID																				
9. NAME OF GROUP MEMBER																																		
																																Gender [Male/Female]		
Date of Birth			/			/			AGE			Whether has disability (Y/N)			Type of disability (see code)																			
Address																																		
PIN					Phone									E-mail ID																				
10. NAME OF GROUP MEMBER																																		
																																Gender [Male/Female]		
Date of Birth			/			/			AGE			Whether has disability (Y/N)			Type of disability (see code)																			
Address																																		
PIN					Phone									E-mail ID																				
11. NAME OF GROUP MEMBER																																		
																																Gender [Male/Female]		
Date of Birth			/			/			AGE			Whether has disability (Y/N)			Type of disability (see code)																			
Address																																		
PIN					Phone									E-mail ID																				
12. NAME OF GUIDE TEACHER																																		
																																Gender [Male/Female]		
Address																																		
PIN					Phone									E-mail ID																				

Name & Signature of District Coordinator

Name & Signature of Head of Institution

Date:

Sub Theme Codes : 1-Natural Resource Management; 2- Food and Agriculture; 3- Energy; 4- Health, Hygiene, Nutrition; 5- Lifestyles & Livelihoods; 6- Disaster Management; 7- Traditional Knowledge Systems

Types of Disabilities /Codes: VI: Visual Impairment; LV: Low Vision; TB: Totally Blind; MR: Mental Retardation; HI: Hearing Impairment; SI: Speech Impairment; MI: Multiple Disability; LD: Learning Disability; AUT: Autism; OI: Orthopedically Impaired; CP: Cerebral Palsy

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