

National Children's Science Congress _____

REGISTRATION FORM - A

Fill this form in Capital letters and submit to your District Coordinator
A Copy of this form to be enclosed in the Project Report

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						
8. NAME OF GROUP MEMBER -1																		
Date of Birth		/		/		AGE		Whether has disability (Y/N)		Type of disability (see code)								
Address																		
															PIN		Gender [Male/Female]	
Phone					E-mail ID													
9. NAME OF GROUP MEMBER -2																		
Date of Birth		/		/		AGE		Whether has disability (Y/N)		Type of disability (see code)								
Address																		
															PIN		Gender [Male/Female]	
Phone					E-mail ID													
10. NAME OF GROUP MEMBER -3																		
Date of Birth		/		/		AGE		Whether has disability (Y/N)		Type of disability (see code)								
Address																		
															PIN		Gender [Male/Female]	
Phone					E-mail ID													
11. NAME OF GROUP MEMBER -4																		
Date of Birth		/		/		AGE		Whether has disability (Y/N)		Type of disability (see code)								
Address																		
															PIN		Gender [Male/Female]	
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 : Natural Resource Management -1, Food and Agriculture -2, Energy - 3 Health, Hygiene, Nutrition -4 Lifestyles & Livelihoods -5, Disaster Management -6, Traditional Knowledge Systems-7

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