DISTRICT LEVEL NATIONAL CHILDREN'S SCIENCE CONGRESS-2015
(PARTICIPANT REGISTRATION FORM)

EDUCATIONAL DISTRICT..... REVENUE DISTRICT.....

DATE..... VENUE.....

A. PROJECT TITLE (CAPITAL LETTERS).....

.....

.....

B. NAME OF GROUP LEADER (CAPITAL LETTERS)	**SEX**	**STD**	**AGE**	**DATE OF BIRTH**	**SCHOOL ADDRESS**
1……..	**……**	**……**	**……**	**……**	**.....**
NAME OF GROUP MEMBERS (CAPITAL LETTERS)					
2. ……	**……**	**……**	**……**	**……**	**.....**
3. ……	**……**	**……**	**……**	**……**	**.....**
4……..	**……**	**……**	**……**	**……**	**.....**
5. ……	**……**	**……**	**……**	**……**	**.....**

C. WHETHER TWO COPIES OF PROJECT ABSTRACT SUBMITTED : YES/NO

D. RURAL/URBAN :

E. NAME AND ADDRESS OF TEACHER / GUIDE CAPITAL LETTERS).....

F. WHETHER OHP REQUIRED : YES/NO

WHETHER SLIDE PROJECTOR REQUIRED : YES/NO

G. LANGUAGE USED: MALAYALAM / ENGLISH

NAME OF GROUP LEADER: ..... SIGNATURE: .....

NAME OF DISTRICT COORDINATOR: ..... SIGNATURE: .....