

DISTRICT LEVEL NATIONAL CHILDREN'S SCIENCE CONGRESS-2015

(DISTRICT LEVEL TEACHER'S TRAINING WORKSHOP)

Ednl.District..... Date..... Venue.....

Sl.No	Name and Address of the Resource Person	Qualification & area of Specification	Participated earlier in CSC programme. Yes/No
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Details of Teacher Guides

Sl.No.	Name of teacher guide	School Address	Signature
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Signature & Name:

of District Coordinator:

Note: Use continuation sheets for more number of teachers