

DISTRICT LEVEL NATIONAL CHILDREN’S SCIENCE CONGRESS-2015

Revenue District: _____ Edn.Dist; _____ Date _____ Venue: _____

Name &Address of District Coordinator: _____

Name of the Project Leader & member of the group	Sex (M/F)	Age (L/U)	School address	Rural/Urban	Project Title	Name of Teacher Guide
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_____(Leader)

_____(Member)

_____(do)

_____(do)

_____(do)

...
_____(Leader)

_____(Member)

_____(do)

_____(do)

_____(do)

_____(Leader)

_____(Member)

_____(do)

_____(do)

_____(do)

Name of Judges: (1)

(2)

Signature of Dist.Coordinator