

Registration Form

NATIONAL CHILDREN'S SCIENCE CONGRESS 2015 (KERALA) REGISTRATION FORM - A



(Fill this form and submit one copy to your District Co-ordinator and include other on your project report)

Title of the Project :	
Language Used :	
District :	
Rural/Urban :	
Name of Group leader	
Age ____ Date of Birth _____ Sex ____	Std/Class _____
Home Address with PIN code and Phone number, if any	School Address with PIN Code and Phone numbers, if any
Other members of the Group (Name, Date of Birth, Std/Class , School Address)	
1. _____ _____	
2. _____ _____	
3. _____ _____	
4. _____ _____	
Name of the teacher Guide :	
Address :	
	Name and Signature of Head of the Institution