

National Children's Science Congress

REGISTRATION FORM –A

Fill this form in Capital letters and submit to your District Coordinator

1. STATE _____
2. DISTRICT _____
3. TALUKA _____
4. TITLE OF THE PROJECT _____

5. SUB-THEME CODE _____
6. LANGUAGE USED _____
7. AREA [RURAL/URBAN] _____
8. NAME OF THE INSTITUTION _____
ADDRESS _____

_____ PIN _____
9. NAME OF GROUP LEADER _____
_____ GENDER [MALE/FEMALE] _____
DATE OF BIRTH ___/___/_____ AGE ___ WHETHER HAS DISABILITY (Y/N) ___
TYPE OF DISABILITY (SEE CODE) _____

PIN _____ PHONE _____ E-MAIL ID _____
10. NAME OF GROUP MEMBER _____

DATE OF BIRTH ___/___/_____ AGE ___ WHETHER HAS DISABILITY (Y/N) ___
TYPE OF DISABILITY (SEE CODE) _____
PIN _____ PHONE _____ E-MAIL ID _____
11. NAME OF GUIDE _____
_____ GENDER [MALE/FEMALE] _____
ADDRESS _____

PIN _____ PHONE _____ E-MAIL ID _____

Name & Signature of District Coordinator

Name & Signature of Head of Institution

Date: _____

Sub Theme Codes: 01-Know your Ecosystem, 02-Fostering health, nutrition and well-being, 03-Social and cultural practices for ecosystem and health, 04-Ecosystem based approach (EBA) for self-reliance,05-Technological innovation for ecosystem and health
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 10-17yrs as on 31st December of the current calendar year
District Coordinator to verify the age of all participants with Birth Certificate.
Copy of this form to be enclosed in the Project Written Report