National Children's Science Congress

REGISTRARION 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 Whether has disability (Y/N) Type of disability (see code) **AGE** Address Phone E-mail ID PIN 10. NAME OF GROUP MEMBER Gender [Male/Female] Whether has disability (Y/N) Type of disability (see code) Date of Birth AGE Address E-mail ID Phone PIN 10. NAME OF GUIDE Gender [Male/Female]

Name & Signature of District Coordinator

Phone

Address

PIN

Name & Signature of Head of Institution

Date

Sub Theme Codes: 01- Ecosystem and Ecosystem Services, 02- Health, Hygiene and Sanitation, 03- Waste to Wealth, 04- Society, Culture and Livelihoods, 05- Traditional Knowledge Systems

Types of Disabilities /Codes: Visual Impairment: VI, Low Vision: LV, Totally Blind: TB, Mental Retardation: MR, Hearing Impairment: HI, Speech Impairment: SI, Multiple Disability: MD, Learning Disability: LD, Autism: AUT, Orthopedically Impaired: OI, Cerebral Palsy: CF **Age** should be between 10- 17 years as on 31st December of the current calendar year District Coordinators to verify the age of all participants with Birth Certificates.

E-mail ID

One copy of this form to be enclosed in the Project Written Report, one copy to be submitted during registration.