

# NATIONAL CHILDREN'S SCIENCE CONGRESS (Maharashtra ) 2014.

## REGISTRATION FORM A (To be attached in project report as the first page)

**DISTRICT** : ..... **WARD**: ..... **STATE**: MAHARASHTRA

### **Particulars of Group Leader:**

1. **Name** .....

2. **Date of Birth** ..... **Age** (As on 31/12/2014): ..... **Age Group**: Lower / Higher

3. **Std** ..... 4. **Sex** ..... 5. **Rural / Urban** .....

6. **Residential Address** .....  
.....

**Residence Phone** ..... **email (mandatory)**:.....

**7. Name & Address of School:** .....  
.....

.....**Phone** .....

8. **Title of the project:** .....  
.....

9. **Sub theme:** ..... **Sub theme No.** .....

10. **Language Used** .....

11. **Name and Address of the Project Guide / Teacher** .....  
.....

**e-mail Id.(mandatory)** ..... **Mobile No.(mandatory)**.....

12. **Particulars of other team members:** (Pls.write the address of these students at the reverse of page)

SN	Name	Date of Birth	Age	Sex	Std.	Mobile No.	Signature
2.							
3.							
4.							
5.							

The information given above is true and correct. We will be abided by all the rules and regulations of the national Children Science Congress and decisions of the organizers.

Group Leader Signature

Stamp

Signature of Head of school

13. **Name of the Head of school:** .....

14. **e-mail of the Head of school** ..... (mandatory for communication)

15. **Mob.no. Of the Head of school** ..... (mandatory for communication)