

29th National Children's Science Congress 2021

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)			
Address															
PIN				Phone				E-mail ID							
10. NAME OF GROUP MEMBER															
				Gender [Male/Female]											
Date of Birth				/		/		AGE		Whether has disability (Y/N)		Type of disability (see code)			
Address															
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-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 : MI, Learning Disability : LD, Autism: AUT, Orthopedically Impaired: OI, Cerebral Palsy : CP

Age should be between 10-17 years as on 31st December of the current calendar year

District Coordinator to verify the age of all participants with Birth Certificates.

Copy of this form to be enclosed in the Project Written Report