

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							Phone							E-mail ID																				
10. NAME OF PRINCIPAL/HEADMASTER/HEAD OF INSTITUTION																																		
11. 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																				
12. 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																				
13. 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 :

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

Sub-theme code A: Know your ecosystem.**Sub-theme code B:** Fostering health, nutrition and well-being
Sub-theme code C: Social and cultural practices for ecosystem and health,**Sub-theme code D:** Ecosystem based approach (EBA) for self-reliance,**Sub-theme code E:** Technological innovation for ecosystem and health