

Institution Data Form

Institution's Name: _____

Postal address: _____

Email: _____ Contact #: _____

Head of Institution

Name: _____ Contact #: _____

Details of assigned Coordinator/Teacher for the contest (if any)

Name: _____ Contact #: _____

Details of entrants (Participating Students)

Kindly mention the number of students category wise and write N/A where not applicable

Category 1 Category 2 Category 3

Category 4 Category 5 Category 6

Category 7 Category 8 Total no. of entrants: _____

UNDERTAKING

I hereby certify and undertake that:

1. I have read and understood the above mentioned rules and regulations.
2. The particulars provided by me through this registration form are true and I take the full responsibility for the correctness and accuracy of the information provided.
3. I also certify that I have enclosed Bank draft / Pay order in original bearing No: _____
Dated: _____ Amounting to Rs.(In Figures) _____ as a registration fee for total number of _____ students as mentioned in above summary in favour of Community Development Council.

SIGNATURES & STAMP
HEAD OF THE INSTITUTION