

# 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. TALUK																																		
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- Know your ecosystem, 02- Fostering health, nutrition and well-being, 03- Social and cultural practices for ecosystem and health, 04- Ecosystem based approach (EBA) for self-reliance 05- Technological innovation for ecosystem and health **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**: CP

**Age** should be between 10-17 years as on 31 December of the current calendar year  
District Coordinators to verify the age of all participants with Birth Certificates.

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