

# Sci-Connect-2018, Tripura

## Registration Form

Name of Student: (in Capital) .....

Name of Mother ..... Mobile.....

Name of Father ..... Mobile.....

Sex: Male  / Female  Date of Birth:...../...../.....

Name of School: .....

Subdivision / District.....

Coordinating Teacher's Name..... Mobile.....

I, Sri/Smt..... of class ..... age..... wish to register myself as participant for the Sci-Connect-2018 program. I will abide all the rules regulations of the competition.

Place & Date:

Signature of Student

Forwarded By HM / Principal with Signature & Seal

(For Centre / Host School)

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