



Rajiv Gandhi Science Centre



ENTRY FORM

School Name :

School Address:

.....

School Zone (1, 2, 3 or 4):

School Email address (if any):

School Phone No.: Fax No.:

The following pupils will form part of the team participating in Junior Science Adventure 2008 (Note: A team consists of 3 to 6 pupils. Please write the Team Leader's name first):

Surname	First Name	Date of Birth (dd/mm/yy)	Standard (IV or V)
1./...../.....
2./...../.....
3./...../.....
4./...../.....
5./...../.....
6./...../.....

Name of Project Supervisors (Either 1 or 2):

1. (Teacher / DHT)*

2. (Teacher / DHT)*

(*: Please delete as appropriate)

Title of Project (Max. 15 words):

.....

Name of Headteacher:

.....

Headteacher's signature and seal of school

.....

Date