

JUNIOR SCIENCE ADVENTURE 2010

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 2010**
(Note: A team consists of 3 to 5 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./...../.....

Name of Project Supervisors (Either 1 or 2):

1. (Teacher / DHT)*

2. (Teacher / DHT)*

(*: Please delete as appropriate)

Title of Project (Max. 15 words):

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Name of Headteacher:

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Headteacher's signature and seal of school

.....
Date

JUNIOR SCIENCE ADVENTURE 2010

PROJECT SUMMARY FORM

Please do not fill in this box (For office use only)

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Project Title (Max. 15 words):

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Purpose (Why you are doing this project?):

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Hypothesis (What do you expect will happen during your experiment/s?):

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Strategy (How will you do your project?):

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Note: Please send the duly filled in Entry Form and Project Summary Form to the Director, Rajiv Gandhi Science Centre, Old Moka Road, Bell Village by **Friday 05 March 2010** at latest.