



RAJIV GANDHI SCIENCE CENTRE

Ministry of Industry, Science and Research

ENTRY FORM



Participant/Team Leader's Surname

First Name

Female

Male

Date of Birth
(Day, Month, Year)

Name of School/College

Address of School/College

School Phone Number

School Fax Number

School E-mail Address :

Name of Teacher (monitoring project)

Age Section

FORM IV

LOWER SIX

THEMES

1. Physics

4. Chemistry

7. Behavioural Science

2. Mathematics

5. Biology

8. Social Sciences

3. Technology

6. Environment

9. Economic Sciences

Title of Project

Please give an overview of your project in no more than 25 words

STUDENT

1. Student Surname

Female

Male

First Name

Date of Birth
(Day, Month, Year)

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2. Student Surname

Female

Male

First Name

Date of Birth
(Day, Month, Year)

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3. Student Surname

Female

Male

First Name

Date of Birth
(Day, Month, Year)

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4. Student Surname

Female

Male

First Name

Date of Birth
(Day, Month, Year)

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SCHOOL

Name of School Principal/Rector

Student/Group Leader's Signature

School Rector's / Principal's signature

Please ensure that the following items are included and the boxes ticked accordingly before giving your entry to your teacher for signature and mailing

Entry Form

Project Details form

One Page Proposal

Signature of Teacher Monitoring Project

Date / Seal of School