

Moving Academy of Medicine and Biomedicine, Pune

“Eklavya Students ScienceCon”

Venue: The Shree Chhatrapati Shivaji Sports Complex, Balewadi, Pune

28-30 January 2019

PERSONAL DETAILS OF THE STUDENT

Reg No: (for Office Use Only)	RGDNo. ScienceCon: _____		Students recent passport size photo
Name of students (as to be written on certificate in Capital)			
	Surname	First Name Middle Name	
Title of the Abstract			Sign:
Mode of Participation (Please ✓ only)	Model Presenter/ Innovative Idea/ Quiz competition/ Observer/Video Making/ Meet the Scientists		
Class:	Age:	Gender:	
Full Postal address	At Post:	Tal:	
	Dist.:		
	City:	Pin:	
Name of the School (with address)	Name of School:		
	At Post:	Tal:	
	Dist.:	City:	Pin:
Contact details of school authority:	Email:	Contact:	
Endorsement by the head school authority:	Sign	Stamp:	

- **Please use separate form for each participant student.**