Registration Form For DSM-2012,Balasore

Form No........................ Date.....................

Name Of Participate.......................................................................................................

Institute Name.................................................................................................................

Participate in....................................................................................................................

Participation Event Name!...............................................................................................

Class........................., DOB..........................., Inst. Grade\*..............................................

Father's Name................................................................................................................

Address..................................................................................................................................................................................Paid Rupees..........................................

..I hereby certify that the information provided above is accurate and recent to the date indicated below.

Signature Of Head Master with Seal Signature Of Student

........................................................Cut Here.........................................................

It is certified that the ............................................................ has paid...................

In the date of.......................... For participating in DSC-2012 in.......................event

in.............................,

Date................................ Receiving Officer Sign

\* means Govt. /Non Govt.

! Means event names as Cultural, Educational etc.