

DISTRICT SCIENCE CENTRE
NCSM, Ministry of Culture, Govt. of India
Municipal Garden, Kalaburagi -585103
08472 - 270608

REGISTRATION FORM FOR 'INNOVATION FESTIVAL 2019'

Name in full (in block letters)	:	
Address	:	
E mail Id	:	
Mobile Number	:	
Freelance /Institution (Specify)	:	
Name of the Institution: (With address, if applicable)	:	
Title of the project:	:	
Individual/Group:	:	
Project Description: (attach one separate sheet of A4 size only)	:	
Category:	:	
Engineering		<input type="checkbox"/>
Arts		<input type="checkbox"/>
Crafts		<input type="checkbox"/>
Science		<input type="checkbox"/>
Others		<input type="checkbox"/>
(Please specify for others category)		

Note:

- a. Registration to the Innovation Exhibition is Free
- b. All fields are mandatory.

Date _____

Signature _____

Designation _____