

Name of the Student: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Pin: _____ DOB: _____

Parents Details (For Communication Purpose):

Name: _____

Mobile No: _____ Email ID: _____

School Details:

Name of the School: _____

Address: _____

Pin: _____

Class: _____ Div: _____ Board Affiliated to: _____

Declaration: We hereby allow our child to participate/represent the school in Practical Science Quiz 2016-17 and NELTAS ECAT 2016-17 conducted by ScienceUtsav and NELTAS. We also take sole responsibility to be present at the venue of the test at all levels failing to which would lead to disqualification from the qualification.

Receipt No:

Date:

Parent's Signature

Coordinator's Signature

Corporate Office:

42, Puttadas Complex, JSS, Kanakapura Road,
Jayanagara 7th Block, Bangalore – 560070

Corp Branch Office:

903, "A" wing, Bldg # 67, Shubham Towers
Tilak Nagar, Mumbai-89.M: 91 90294026