

5th National Level Art & Craft Competition 2016

ENTRY FORM

(For School / Institution / Group / Individual)

(Kindly Print, FILL this form & Paste behind every ENTRY)



PARTICIPANT NAME	
STANDARD/GRADE (with School Name)	
GROUP NUMBER (Please Tick)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
TOPIC (Please Tick)	<input type="checkbox"/> Colouring / <input type="checkbox"/> Craft / <input type="checkbox"/> Painting / <input type="checkbox"/> Greeting / <input type="checkbox"/> Pencil
E-MAIL – ID (of Participant / Parent / Coordinator)	
CONTACT NUMBER 1 (if Land Line, Kindly mention Area Code)	
CONTACT NUMBER 2 (if Land Line, Kindly mention Area Code)	
NAME OF COORDINATOR / ART TEACHER / CONTACT PERSON (Please Tick & Write Full Name in capitals)	
FULL SCHOOL / INSTITUTION / GROUP ADDRESS SEAL (with Area, City & State)	
*FOR INDIVIDUAL ENTRIES (Mention Full Name & Address of the coordinator/Parent)	