## **CBSE 3<sup>rd</sup> International Summit - 2014**

## **REGISTRATION FORM**

• School Name & Address			:				
			:				
Prin	cipal Name		:				
Contact Number(s) School Email ID Accompany Teacher/ Counselor Name			:	(O)	(M)		
			:				
			:		(M)		
Regi	onal Summit C	enter (as per the list)	:				
Deta	ils of the Partic	ipating Students					
	S. No. Name of the Str		lents	ents Class		Contact No. if any	
•	1.						
	2.						
	3.						
	4.						
Payme	nt may please b	pe made by DD in favor gwith this registration for H. No. Behind As	or of 'E orm (by o Expres 38, Poo ia Pacif	Expressions Indi	ia' payab ed post): Vihar	unselor (maximum 5 delegate ole at New Delhi, to be sent at t	
<u>Detail</u>	s of Demand I	<u> Draft</u>					
DD No	). :			DD Date	:		
DD An	nount :			Bank Name	:		
Sd/- <b>Princi</b>	pal					School Stamp & Date	