

**PAKISTAN SCIENCE FOUNDATION**

**Plot No.1, G- 5/2, Constitution Avenue, Islamabad**

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**Registration Form for Participation in**

**Science Quiz Competition on World Science Day-2017**

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| **Personal Information (Student)** | | | | | | | | |
| 1.Name: | ……………………………………………………………………………………………………………………………………… | | | | | | | |
| 2.Father’s Name: | ……………………………………………………………………………………………………………………………………… | | | | | | | |
| 3.B form No:  …………………………………………………….. | | 4.Gender | | | | | | 5.Domicile (Indicate District and Province)  ………………………………………………………….. |
| https://encrypted-tbn1.gstatic.com/images?q=tbn:ANd9GcQEXb0YSxX5TFiXriIJVDe-SZA2malL98GXhZ4gR_ylh_20CSpM23YZtDBX Male | https://encrypted-tbn1.gstatic.com/images?q=tbn:ANd9GcQEXb0YSxX5TFiXriIJVDe-SZA2malL98GXhZ4gR_ylh_20CSpM23YZtDBX Female | | | | |
| 6. Date of Birth(dd/mm/year):…………………………………… | | | | | | | 7. Age …..….Years…………Months………..Days…….. | |
| 8. a). Permanent Address:  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….  b). Postal Address:  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. | | | | | | | | |
| 9.Contact Information:  a).Cell No……………………………………………………. | | | | | | E-mail:  ……………………………………………………………………………….. | | |
| 10. Present study  a). Grade/Level…………………………………………………..  b). Field of Study………………………………………………… | | | | | | Name of Institute where studying  ………………………………………………………….…………………….  ………………………………………………………………………………..  ……………………………………………………………….………………. | | |
| **References (name and contact details)**  **i).** ………………………………………………………………………………………………………………………………………………………………  **ii).** ……………………………………………………………………………………………………………………………………………………………… | | | | | | | | |
| **6.** By signing below and submitting this application Form, I…………………………………………………………….agree that the information I have provided above is accurate to the best of my knowledge and that I authorize you to contact the references provided above for further information. I know that any false information may result in my disqualification for the subject activity. | | | | | | | | |
| Signature of the student: | | | | Date: | | | | |
| **7.** Recommendation by the Head of the Institute where student is currently studying  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………… | | | | | | | | |
| **8.** Signatures of the Head of Institute with date | | | | | Stamp of the Head of Institute | | | |