

**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  |