

ALBERTIAN INSTITUTE OF SCIENCE AND TECHNOLOGY

AISAT- Technical Campus, Kalamassery, Kochi-22



Registration Form

Name of the Team members : 1. _____
2. _____

Name of the School : _____

Address : _____

_____ Ph: _____

District : _____

Region : I/ II /III / IV/ V

Name of the Teacher in charge : _____

Contact number of Teacher (Mob) : _____ E-mail _____

Date: _____

Note: Filled Registration form can be send either by post to AVANZA Master Quiz '16, Albertian Institute of Science And Technology (AISAT), Archbishop Angel Mary Nagar, Cochin University P.O, Kochi-682022 or by mail to avanza@aisat.ac.in For more details visit www.aisat.ac.in. Registration fee to be paid at the day of regional level contest.

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AISAT- Technical Campus, Kalamassery, Kochi-22



Admit Card

Reg. No.: _____ (to be filled at the venue)

Name of the School : _____

Name of the Team members : 1. _____
2. _____

Region : I/ II /III / IV/ V

Name of the Teacher in charge : _____

Contact number of Teacher (Mob) : _____

Affix stamp size photo of student 1 attested by Principal

Affix stamp size photo of student 2 attested by Principal

Date: _____ School Seal _____ Signature of Principal _____

Note: Admit card need not be send along with the registration form