

ALBERTIAN INSTITUTE OF SCIENCE AND TECHNOLOGY

AVANZA JUNIOR

APPLICATION FORM

Particulars	Member 1	Member 2
Name		
Age		
Sex		
Contact No.		
E-mail ID		
Class with group		
Name and address of the institution		
Mailing Address		

Selected Poster topic :

Name and Designation of the Team Guide :

Contact No. :

E-mail ID:

Signature of the Team Guide:

CERTIFICATE FROM THE PRINCIPAL OF THE SCHOOL

I recommend Mr/Ms and his/her team for participating in Avanza Junior. During the time period, he/she will abide the rules and regulations of the competition stipulated by you.

Signature:

Name and Designation:

(Seal)

Fill in the required details and mail this form along with the abstract to avanzajunior@aisat.ac.in on or before October 1, 2015.