



REGISTRATION FORM FOR UDAAN 2015

1. Name of the Event

2. Dates of the Event

3. Name of the Applicant.
(in block letters)

4. Father's Name

5. Nationality

6. Institute/NGO/Orphanage

7. Date of BirthAge.....

9. Address for Correspondence

.....

.....

..... Telephone Number

..... Mobile Number

Affix your latest
Passport Size
photograph duly
attested
by Principal/ Head
of Instt.

10. Event Details:

Event	Name of Organization	Name of Participants/Team
Painting Competition		
Disco Deewane (Solo Dance)		
Group dance		
Guess What		
Buzzer Up(Quiz)		
Fancy Dress(Talent Hunt)		

11. Hobbies (Singing, dancing, Theatre, fine arts, literacy, sports etc.) :

- a)
- b)
- c)

12. Medical Fitness Certificate enclosed: Yes No.

Signature of Applicant

Declaration & Risk Certificate

I hereby solemnly declare that the above particulars are correct to the best of my knowledge and belief and that if I am selected, I shall strictly abide / adhere by the Rules and Regulations of the Event and shall be a disciplined member of the Event, failing which, I will be liable for expulsion.

I also declare that if I am selected I shall attend the event at my own risk and neither I nor my parents/ guardian/ institute will claim any compensation in case of illness / mishap / injury / accident of any kind affecting me.

I shall be wholly responsible for any dispute / police case if happened due to my carelessness / irresponsible activity at camp site.

Place

Signature of the Applicant

Dated

It is certified that I agree to detail my son/daughter Mr. / Ms.for the event/activity for which he / she have applied, in case of any illness / mishap/ injury / accident of any kind affecting my son / daughter. I will not claim any compensation and will not hold the Host Institute /Convener of event of Tecnia Institute of Advanced Studies, Delhi or its staff wholly or partially responsible for the same.

Place

Signature of the Father / Guardian/Institute

Dated

**Recommendation of the Head / Principal /
Director of the Department/ Institution**

I hereby certify that the applicant Mr. / Ms. /of my Dept. / Institution is recommended as being the most suitable student for the event/activity. The student has been found fit after medical examination (Medical Certificate enclosed) to join / undergo the said event/activity at his/her own risk and that no compensation will be payable in case of any illness/mishap/injury/accident of any kind.

Place

Signature of the Head /Principal/Director

Dated

With Office Seal