Blue Cross &
Blue Crescent Movement

WINBAL INTEGRATED INDIA PVT LTD

★ PRESENTS ★

GLOBAL SPACE LEADERSHIP PROGRAM

★ EXAMINATION FOR STUDENTS ★

CLASSES 6TH TO 10TH

STUDENT REGISTRATION FORM

SR. No. : _____

Month : _____

Date : _____

1. STUDENT DETAILS

Full Name (as per school records) : _____

Date of Birth : ____ / ____ / ____ Class : _____ Age : _____ Gender : ☐ Male ☐ Female ☐ Other

Aadhar No. : _____ Mobile No. (Student/Parent) : _____

Email ID (Student/Parent) : _____

Residential Address : _____

_____

City : _____ District : _____ PIN Code : _____

2. SCHOOL DETAILS

School Name : _____

School Address : _____

_____

City : _____ District : _____

PIN Code : _____ Phone No. : _____

3. PARENT / GUARDIAN DETAILS

Parent / Guardian Name : _____

Relation with Student : _____

Mobile No. : _____

Email ID : _____

Address (if different) : _____

4. AREAS OF INTEREST (You may tick more than one)

☐ Space Science | ☐ Astronomy | ☐ Space Exploration | ☐ Technology & Innovation | ☐ General Knowledge | ☐ Leadership & Human Values | ☐ Others (Specify) _____

5. DECLARATION

I hereby declare that the above information is true and correct to the best of my knowledge. I am interested in participating in the Winbal Global Space Leadership Program and will abide by the rules and guidelines of the program.

_____

Signature of Student

Date : ____ / ____ / ____

6. PARENT / GUARDIAN SIGNATURE

I hereby give my consent for my ward to participate in the Winbal Global Space Leadership Program.

_____

Signature of Parent / Guardian

Date : ____ / ____ / ____

7. SCHOOL PRINCIPAL STAMP & SIGNATURE

Certified that the above student is a bonafide student of our institution.

_____

Signature of Principal

Date : ____ / ____ / ____

SCHOOL STAMP

8. AUTHORIZED SIGNATURE STAMP & SIGNATURE

Verified and recommended for participation in the Winbal Global Space Leadership Program.

_____

Authorized Signature

Date : ____ / ____ / ____

AUTHORIZED STAMP