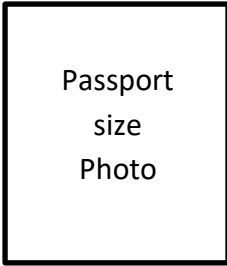


REGISTRATION FORM
For
National Tribal Museum Design Competition 2018



Name: _____

Gender: _____

D.O.B: _____

Student Professional

Team Members (If any): _____

Address: _____

City: _____

Pin Code: _____

Country: _____

Email ID: _____

Telephone: _____

Mobile: _____

Educational Background:

Name	Degree/Diploma	College Attended	Board/University	Year of Passing

Signature: _____

Note: Please download the form and fill in the required fields (Including Passport size photo), scan the filled form and mail it to us on email id: *tribalmuseumcompetition2018@gmail.com* and attach Payment slip mandatorily.