

APPLICATION FORM
(To be filled in English/Hindi Only)
ICCW PAINTING COMPETITION

Held at _____ Date of Competition _____

(Details to be filled in BLOCK LETTERS)

Name of the State : **PUNJAB**

Agency : DISTRICT CHILD WELFARE COUNCIL,

Name of the Participant : _____

Father’s Name : _____

Address _____

Contact No. _____

Date of Birth : _____

Sex : _____

Group : _____

Sub-group : _____

Category : _____

Subject/Theme : _____

Name of the School : _____

Address of the School : _____

Nearest Railway Station : _____

I agree to abide by rules and conditions of the competition. I also declare that the above information is true to the best of my knowledge.

Signature of Competitor

Endorsed by the head of the Institution

Counter Signed
Hony. Secretary,
Distt. Child Welfare Council

Signature with Seal and Date

Above mentioned information should also be given at the back of the Paintings.