

Application Number:

**Arthur C Clark Institute for Modern Technologies
Workshop on Introduction to Astronomy – 2024
Application Form**

Full Name of the Student				
Name of Certificate Issue				
Address				
Contact Number (WhatsApp preferred)				
E-mail				
Date of Birth	Date	Month	Year	Age
Gender (Male/Female)				
Grade				
Food restriction (Vegetarian/Non-vegetarian)				
Involvements in Astronomy related activities, if any				
Contact Person (In case of an emergency)	Name:			
	Relationship (Mother/Father/Other):			
	Contact No:			

I certify that the details mentioned above are true and accurate to the best of my knowledge.

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Signature of the Student

I, undersigned, take the full responsibility of accompanying the above participant at this workshop.

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Signature of the Parent/Guardian

.....
Date