

GUJARAT COUNCIL ON SCIENCE AND TECHNOLOGY

Dept. of Science & Technology, Govt. of Gujarat

REPORT ON DISTRICT LEVEL RURAL IT QUIZ 2018

1	Name of the District			
2	Name of the Community Science Centre (Please indicate address in case of change)			
3	Date & Venue of District Level Rural IT Quiz			
4	No. of Student Participants	Total:	Boys:	Girls:
	No. of Team			
	No. of Schools			
	No. of Audience	Students	Teachers	
5	Name and Address of the Chief Guest			
6	Name and Address of the Judges			
7	No. of photographs of the event attached along with this report	Minimum 3 photos		

Sl No	Level	Participants to Quiz		Audience at the Rural IT Quiz		
		Students	Teacher escorts	Students	Teachers	Others
1.	District					
2.	Total					

Officer In-charge
District Level Rural IT Quiz- 2018

ENTRY FORM – RURAL IT QUIZ 2018

Team 1

Name and Address of School:

Contact No.:

Name of the Teacher coordinating the participation:

Name	Std	Boy / Girl
Name	Std	Boy / Girl

Team 2

Name and Address of School:

Contact No.:

Name of the Teacher coordinating the participation:

Name	Std	Boy / Girl
Name	Std	Boy / Girl

Team 3

Name and Address of School:

Contact No.:

Name of the Teacher coordinating the participation:

Name	Std	Boy / Girl
Name	Std	Boy / Girl

Team 4

Name and Address of School:

Contact No.:

Name of the Teacher coordinating the participation:

Name	Std	Boy / Girl
Name	Std	Boy / Girl

Team 5

Name and Address of School:

Contact No.:

Name of the Teacher coordinating the participation:

Name	Std	Boy / Girl
Name	Std	Boy / Girl

Team 6

Name and Address of School:

Contact No.:

Name of the Teacher coordinating the participation:

Name	Std	Boy / Girl
Name	Std	Boy / Girl

Team 7

Name and Address of School:

Contact No.:

Name of the Teacher coordinating the participation:

Name	Std	Boy / Girl
Name	Std	Boy / Girl

Team 8

Name and Address of School:

Contact No.:

Name of the Teacher coordinating the participation:

Name	Std	Boy / Girl
Name	Std	Boy / Girl

Team 9

Name and Address of School:

Contact No.:

Name of the Teacher coordinating the participation:

Name	Std	Boy / Girl
Name	Std	Boy / Girl

Team 10

Name and Address of School:

Contact No.:

Name of the Teacher coordinating the participation:

Name	Std	Boy / Girl
Name	Std	Boy / Girl

