



**PONDICHERRY UNIVERSITY**  
**DAY CARE CENTRE & PRE-PRIMARY SCHOOL**

**Registration Form for participation in Children's Day Competition 2017-18**

1. Name of the child :  
(Write in Capital letters)

Affix latest  
stamp size  
photograph  
of the child

2. Standard :

3. School :

4. Age :

5. Gender :

Male

Female

6. Father's / Mother's Name :

Designation :

Department :

7. Telephone No.: ..... Mobile No.: .....

8. E-mail Id :

Signature of the parent with date

**Tick the selected event**

<b>Standard I&amp; II</b>		<b>Standard III &amp; IV</b>	
Drawing	<input type="checkbox"/>	Drawing	<input type="checkbox"/>
Singing	<input type="checkbox"/>	Singing	<input type="checkbox"/>
Aiming the dart	<input type="checkbox"/>	Ring the object	<input type="checkbox"/>
Memory game	<input type="checkbox"/>	Fun with alphabet	<input type="checkbox"/>
		Dance	<input type="checkbox"/>

<b>Standard V&amp; VI</b>		<b>Standard VII &amp; VIII</b>	
Drawing	<input type="checkbox"/>	Creating the best out of waste	<input type="checkbox"/>
Singing	<input type="checkbox"/>	Singing	<input type="checkbox"/>
Ring the object	<input type="checkbox"/>	Hare & Tortoise(Team game)	<input type="checkbox"/>
Fun with matching	<input type="checkbox"/>	Dance	<input type="checkbox"/>
Dance	<input type="checkbox"/>		

<b>Standard IX &amp; X</b>	
Creating the best out of waste	<input type="checkbox"/>
Singing	<input type="checkbox"/>
Hare & Tortoise (Team game)	<input type="checkbox"/>
Dance	<input type="checkbox"/>

<b>Standard III to X</b>	
Ad- Zap	<input type="checkbox"/>
Creation of own musical album	<input type="checkbox"/>

**Signature of the parent with date**