

**Form 1**

Registration for Participation

**College Details (Essential)**

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| Full Name of the Participating college: |
| Full Postal Address: |
| Name of the Principle: |
| Telephone: | District: |

**Teacher In charges (Essential)**

|  |  |
| --- | --- |
| **Teacher In charge 1** | **Teacher In charge 1** |
| Name in full (Same name will appear on appreciation certificate) | Name in full (Same name will appear on appreciation certificate) |
| Email Address | Email Address |
| Mobile No | Mobile No |

**Note\*** - Submitting this form with CHEMIAD coordinator will be considered as the primary confirmation of participation by college, and the Principle & teacher in charges assumes the responsibilities to enforce the examination at their respective colleges. Please enter correct name as the same name will appear on appreciation certificate.