



The Verbattle TSL Workshop

Name :
Parent/Guardian Name :
Age :
Date of birth :
Gender :
Class :
Institution Name & Address :
Residence Address :
City :
State :
Country :
Pin code :
Phone No (WhatsApp) :
Email :

Declaration by Parent:

As the Parent/Guardian of my ward, I give my consent to my ward to participate in the Workshop. I also declare that the above information furnished is true to the best of my knowledge. If it is found that any of it is not actually true, I accept that my ward is liable to be disqualified at any stage and the registration fee will be forfeited. I consent to Verbattle contacting me by Call / SMS /Email or on WhatsApp.

Signature of Parent

Name of Parent

Date:

Place: