

AFFIX
PASSPORT
SIZE
PHOTO
HERE

APPLICATION FORM

TO BE FILLED IN CAPITAL LETTERS ONLY

TO BE FILLED
BY THE
VERBATTLE
OFFICIAL

APPLICATION NUMBER:
STUDENT IDENTITY NUMBER :
CAMP :
BATCH :

NAME OF THE PARTICIPANT

INSTITUTION

CLASS AGE GENDER DOB

EMAIL MOTHER TONGUE

PARENT'S NAME PROFESSION

CONTACT NO EMAIL

EMERGENCY NO

RESIDENTIAL ADDRESS

AREAS OF INTEREST/HOBBIES

CONSENT & DECLARATION

I hereby declare that the above information furnished by me is true to the best of my knowledge. I am aware that my child has enrolled for the Verbattle Summer Camp and in case my child fails to abide by any or all of the rules and regulations, terms and conditions of Verbattle, he/she will be discontinued from his/her association as a participant of the Camp. I agree that the fee once paid by me on his/her behalf is not refundable, transferable and will be forfeited, in case of his/her membership being discontinued at any point during the association as a participant of Verbattle Summer Camp.

DATE :

TIME :

SIGNATURE OF PARENT/GUARDIAN