

VERBATTLE SENIOR – 2010 STATE LEVEL DEBATE TOURNAMENT



66/3 (New No.808), 1st Floor, 18 Cross, 9th Main, 3rd Block, Jayanagar, Bangalore – 560 011
Tel: 080 - 42511111. Fax: 080 - 42511103
Email: verbattle@gmail.com website: www.verbattle.com

PARTICIPATION REGISTRATION FORM - Page 1

COLLEGE

Application No. _____

Name of the college : _____

Head of the Institution : Mr./Ms. _____

College Management : _____

Education Medium in college : English Kannada Any other _____

Classes from : _____

College Address : _____

_____ Pin Code _____

Telephone No.(s) : _____

College Email : _____

College Website : _____

Contact Person at the college : _____

TEAM

Team details as furnished in the 2nd & 3rd page

Participant 1: _____ Class: _____ Age: _____ Date of Birth: ____/____/____

Participant 2: _____ Class: _____ Age: _____ Date of Birth: ____/____/____

CONSENT & DECLARATION

I herewith, as the head of the institution/authorized official, give consent for the above mentioned students to participate in the tournament as a team and also assure that the college and the participants would abide by the **rules and conditions*** of the tournament.

In case of non-participation by the college team or either of the participants after registration, we understand that we would be denied any other option in the tournament, and the entry fee paid would be forfeited.

The facts and information given in this application form along with the information furnished by the participants have been verified by me and I assure you that the same are true.

Date: _____

Place: _____

Signature of the Principal/Head of the Institution
With College Seal

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PARTICIPATION REGISTRATION FORM – Page 2

PARTICIPANT NO. 1

Photograph
of participant 1

Name : _____

Age : _____ Date of Birth _____ / _____ / _____ Gender : Male / Female

College Name : _____

College Address : _____

_____ Pin Code _____

Class & Section : _____

Medium of Education : _____

LANGUAGES IN College

First Language : _____

Second Language : _____

Third Language (if any) : _____

Mother Tongue : _____

Languages known (to speak): _____

Father's Name : _____ Occupation: _____

Mother's Name : _____ Occupation: _____

Residence Address : _____

District : _____ Pin Code _____

Residence Telephone No : _____ Mobile / Emergency No. (if any) _____

Email : _____

Interests (Areas of) : _____

DECLARATION

I hereby declare that the above information furnished by me is true to the best of my knowledge. Should it, however, be found that the information furnished herein is not actually true, I know that I am liable to be disqualified at any stage, and the entry fee will be forfeited.

Signature of the Participant :

Name of the Participant 1: _____

Date:

Place:

Signature of the Parent :

Name of the Parent : _____

Date:

Place:

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PARTICIPATION REGISTRATION FORM – Page 3 PARTICIPANT NO. 2

Photograph
of participant 2

Name : _____

Age : _____ Date of Birth _____ / _____ / _____ Gender : Male / Female

College Name : _____

College Address : _____

_____ Pin Code _____

Class & Section : _____

Medium of Education : _____

LANGUAGES IN COLLEGE

First Language : _____

Second Language : _____

Third Language (if any) : _____

Mother Tongue : _____

Languages known (to speak): _____

Father's Name : _____ Occupation: _____

Mother's Name : _____ Occupation: _____

Residence Address : _____

District : _____ Pin Code _____

Residence Telephone No : _____ Mobile / Emergency No. (if any) _____

Email : _____

Interests (Areas of) : _____

DECLARATION

I hereby declare that the above information furnished by me is true to the best of my knowledge. Should it however, be found that the information furnished herein is not actually true, I know that I am liable to be disqualified at any stage, and the entry fee will be forfeited.

Signature of the Participant :

Name of the Participant 2: _____

Date:

Place:

Signature of the Parent :

Name of the Parent : _____

Date:

Place: