

## Registration Form

Payment to be made



### Admit Card

Registration No. DC2016 - 00000005



|               |                       |
|---------------|-----------------------|
| Name          | isha                  |
| Age Category  | 13-16 Years           |
| Date of Birth |                       |
| School        | apj                   |
| Father Name   | s k verma             |
| Address       | vfghvv                |
| Phone No.     | 9999465212            |
| Email I.D.    | ishaverma18@gmail.com |

Grand Finale Sunday, Feb. 21, 2016 | Time: 12pm Onwards | Venue: Asian  
Hospital Amphitheater

### Hospital Copy

Registration No. DC2016 - 00000005



|               |                       |
|---------------|-----------------------|
| Name          | isha                  |
| Age Category  | 13-16 Years           |
| Date of Birth |                       |
| School        | apj                   |
| Father Name   | s k verma             |
| Address       | vfghvv                |
| Phone No.     | 9999465212            |
| Email I.D.    | ishaverma18@gmail.com |

Badkal Flyover Road, Sector-21A, Faridabad-121 001 | Tel: +91 129 425 3000 |  
[www.aimsindia.com](http://www.aimsindia.com)