

Storytelling Competition (Hindi)

School Information:

School Name: _____

School Address: _____

City: _____ State: _____ Pin Code: _____

School Contact Number: _____

School Email: _____

Principal's Name: _____

Coordinator's Name: _____

Coordinator's Contact Number: _____

Coordinator's Email ID: _____

Participants' Details (Maximum 3 Students per School):

1st Student Name & Class: _____

1st Student Father Name: _____

1st Student Date of Birth: _____

1st Student Contact No.: _____

2nd Student Name & Class: _____

2nd Student Father Name: _____

2nd Student Date of Birth: _____

2nd Student Contact No.: _____

3rd Student Name & Class: _____

3rd Student Father Name: _____

3rd Student Date of Birth: _____

3rd Student Contact No.: _____

Declaration by the School:

We confirm that the above-mentioned students are bonafide students of our school and meet the eligibility

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criteria for the competition. We agree to abide by the event rules and regulations.

Signature of Principal: _____

School Seal: _____

Date: ____ / ____ / 2025