



Date : __ / __ / ____

Participant's Full Name: _____

Father / Guardian Name: _____

Mother Name: _____

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

Participant's Contact Number: _____ Email ID: _____

Parent's Contact Number: _____ Email ID: _____

Participant Photo

ADDRESS

Address: _____

City: _____ District: _____ State: _____ Pin-code: _____

SCHOOL DETAILS

School Name: _____ Standard / Grade: _____

School's Contact Number: _____ Email ID: _____

Address: _____

City: _____ District: _____ State: _____ Pin-code: _____

PAINTING DETAILS

No. of Painting Submitted : _____

Details of the Painting (Subject and Size):

1. _____
2. _____
3. _____

ENTRY FEES:
₹ 100/- PER ARTWORK

INTERNATIONAL CENTRE FOR
ENTERPREURSHI



104003468002974a@cnrb



BHIM UPI
BHARAT INTERFACE FOR MONEY UNIFIED PAYMENTS INTERFACE

Participant Signature: _____

TRANSACTION DETAILS

UPI Transaction From: _____

UPI Ref No.: _____ Amount Paid: _____