



NATIONAL COMPETITION FOR INNOVATIVE BIOLOGY EXPERIMENTS

(NCIBE) – 2017

REGISTRATION FORM

Name of the participant _____

Affiliation and Name of the Institute with address

Date of Birth _____ Age _____

Contact Number with area code _____ email address _____

Postal address with postal code _____

Details of payment made _____

Undertaking: I understand that the experiment I am submitting will be valid for the competition only when my payment of registration fees is realized. The experiment I am submitting for the competition has been designed by me and has not been published anywhere by me or any other author. I understand that ATBS will have the rights to use this experiment for academic purpose and I shall have no objection to it.

Signature of the participant _____

Date _____