

APPLICATION FORM

[FILL IN THE NAMES OF THE APPLICANTS IN BLOCK LETTERS]

Name of Institution:

Address:

Team Details:

S.N	Name of Student	Grade	Age
1.			
2.			
3.			

Name and Contact Number of Mentor/Accountable Teacher:

By filling this form, you agree to register and participate in the [SOMES Greenergy Debates-2017](#).

Please send this form to somes@ioe.edu.np

THANK YOU