## **Student's data collection Form**

		Mobile No. (Optional):
Gender*:	Date of Birth* (DD/MM/YY):	Class*:
Name of Parents*:		
School Name*:		
Board*:		
Address* (Please fill in the	complete address to receive a physic	cal certificate of participation) *
Country *:		
	a question of your choice related to li o ask the Prime Minister (in not more	fe skills, exam preparation & stress, career guidance than 500 characters)
	Student's data colle	ction Form
	Student's data colle	
First Name*:		
First Name*:		
First Name*:  Last Name*:  Email ID (Optional):		Mobile No. (Optional):
First Name*:  Last Name*:  Email ID (Optional):  Gender*:	Date of Birth* (DD/MM/YY):	Mobile No. (Optional):
Last Name*: Email ID (Optional): Gender*: Name of Parents*:	Date of Birth* (DD/MM/YY):	Mobile No. (Optional): Class*:
First Name*:  Last Name*:  Email ID (Optional):  Gender*:  Name of Parents*:  School Name*:	Date of Birth* (DD/MM/YY):	Mobile No. (Optional):Class*:
First Name*:  Last Name*:  Email ID (Optional):  Gender*:  Name of Parents*:  School Name*:  Board*:	Date of Birth* (DD/MM/YY):	Mobile No. (Optional):Class*:
First Name*: Last Name*: Email ID (Optional): Gender*: Name of Parents*: School Name*: Board*: Address* (Please fill in the	Date of Birth* (DD/MM/YY):	Mobile No. (Optional):Class*: