

REGISTRATION FORM

Name/s of the student participant/s:

Age

M / F

Signature

1.

2.

3.

4.

5.

Name of the Architectural School / College / Institute:

Address of the School / College / Institute:

Name of the University:

City:

Country:

Pin code:

Tel:

Fax:

E Mail:

CERTIFICATE FROM THE SCHOOL / COLLEGE / INSTITUTE

This is to certify that the above mentioned is / are registered student/s enrolled in the above mentioned school/ college/ institute of architecture who desire to participate in the Seventh **IAHH International Student Design Competition**. We agree to abide by the rules and regulations of the competition and to accept the decision of the jury as final and binding.

Date:

Place:

Seal

Signature of the Director / Head

PAYMENT DETAILS

Bank:

Cheque/DD number:

Amount:

Dated:

Important Note: Payments in favour of '**Rizvi College of Architecture Conference A/c**' Payable in Mumbai, INDIA

Encl: Demand Draft / Bankers Cheque as

Early registration fees of US \$ 50 (Nov 30 2008) / Late Registration fees of US \$ 75 (Jan 15 2009) per entry.