

National Level School ICT Championship

Creative Teacher Trainers Competition

1. Details of the School

1.1 Name :-.....

1.2 Address :-

1.3 Telephone No :- 1.4 Fax No.

2. Province :- 3. Zone :-

3. Details of the Applicant :-

S/N	Name of the Applicant (as indicated in Birth Certificate)	Phone No.	E-mail	Date of the Birth

6. Title of the Project :-

7. Brief Description of the Project :-.....

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8. Signature of the Applicant :-

9. Verification of the President :-

I(Name) the President
of(NCoE) here by declare that the
information provided by the
(Name of the applicant) for Creative Teacher Trainers awards registration is accurate and
correct.

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(Signature of the President with Rubber Stamp)

Date