

**10<sup>th</sup> IAHH INTERNATIONAL STUDENT DESIGN COMPETITION, 2012**

## 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 Tenth **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 Chequ/online as

Early registration fees of US \$ 50 (Dec 30, 2011) / Late Registration fees of US \$ 75 (Jan 31, 2012) per entry.