

National and International Conference and Competition Initiative for Primary Schools ("NICCIPS")

A. School Details

Name: _____

School ID: _____

Address:

Telephone: _____

Fax: _____

Email: _____

B. Head Master Details

Name: _____

Telephone: _____

Fax: _____

Email: _____

E. Conference /Competition Details

Name: _____

Date: _____

Venue: _____

Website: _____

E. Participant Details

Name: _____

Telephone: _____

NRIC: _____

Passport Number: _____

Role: _____

Email: _____

Name: _____

Telephone: _____

NRIC: _____

Passport Number: _____

Role: _____

Email: _____

Name: _____

Telephone: _____

NRIC: _____

Passport Number: _____

Role: _____

Email: _____

F. Acknowledgement

I, _____ Headmaster of _____

acknowledge that all details provided above are true and any information found.

I confirm that I have read and agree to the terms and condition stipulated for NICCIPS initiative.

Name:

IC No:

Date:

G. For Secretariat use

Date Application Received:

Remark:

Approved / Not Approved: