



SCHOOL REGISTRATION FORM - AFC

IMPORTANT GUIDELINES

- I. Please fill all the columns with **BLUE** permanent ink in **Capital Letters** only.
- II. A separate registration page (Page 04 of registration form) may be used for each participating Category. (Don't register the names of students from multiple categories on one page).
- III. The following dates will be observed for students' registrations.
 - a. **Artwork Submission Deadline:** _____.
- IV. The participation fee is **PKR. 1,000/- per participant**.
School Discount: Upon **50** entries from each school. The **Discounted fee** is **PKR. 950/- per participant**.
 The participation fee for **individuals and 16-18 years** is **PKR 2,000/- per participant**

For all cities in Pakistan, the fee can be submitted in the following ways.

1. Direct Online Transfer/ IBFT/ Bank Deposit/ Demand Draft/Cross Cheque drawn in the name of 'Discovering New Artists'.

Bank Details		Bank Details	
a.	Bank Name: Bank Alfalah Limited	b.	Bank Name: Faysal Bank Limited
	Account Title: Discovering New Artists		Account Title: Discovering New Artists
	IBAN # PK82ALFH0146001006788202		IBAN # PK14FAYS3152787000002194

Note: Pay-Order/ Bank Deposit Slip/ IBFT receipt should be delivered along with the artwork submission.

- V. The registration fee once paid is non-refundable and non-transferable.
- VI. The registration forms complete in all respect should be sent to the following Postal Address:

ATTN: MS. SIDRA ALI (DIRECTOR PROGRAMMES)
DISCOVERING NEW ARTISTS
50-E, SUI GAS SOCIETY (NEAR DHA PHASE-V), LAHORE, PAKISTAN
TEL: 0322-4102159

- VII. All particulars in the registration form must be filled in as illustrated below. Variation from the format can result in the rejection of registration.

S.NO.	STUDENT'S DETAILS				
1	STUDENT'S	FULL NAME	MUHAMMAD KAMAL SAEED	Age	10
		PAERNT'S EMAIL	parent@gmail.com		

For any further assistance, you can contact **DISCOVERING NEW ARTISTS** office by e-mail at programmes@discoveringnewartists.org or by phone at **0322-4102159**

INSTITUTION DETAILS – *FILL IN CAPITAL LETTERS AND USE BLUE INK* (All fields are **MANDATORY**)

INSTITUTION'S DETAILS

AFC INSTITUTION #:

		A	F	C	-				
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(For Office Use **ONLY**)

INSTITUTION'S/ SCHOOL'S NAME (**MANDATORY**)

INSTITUTION/SCHOOL NAME:	
BRANCH/CAMPUS:	

SCHOOL'S POSTAL ADDRESS: (**MANDATORY**)

ADDRESS LINE 1:	
ADDRESS LINE 2:	
ADDRESS LINE 3:	
CITY	
PHONE (S)	
E-MAIL	

HEAD OF SCHOOL/ PRINCIPAL'S CONTACT DETAILS (FIRST CONTACT) (**MANDATORY**)

FULL NAME:	
MOBILE NO:	
OFFICE PHONE NO:	
E-MAIL:	

ART COORDINATOR/ ACTIVITY COORDINATOR'S CONTACT DETAILS (**MANDATORY**)

Coordinator's contact is important to correspond in the absence of head of the school/ principal.

FULL NAME:	
MOBILE NO:	
OFFICE PHONE NO:	
E-MAIL:	

ART TEACHERS/ CONTACT DETAILS

Art Teachers' contact is important to correspond in the absence of the coordinator.

FULL NAME:		FULL NAME:	
MOBILE NO:		MOBILE NO:	
E-MAIL:		E-MAIL:	

DETAIL OF REGISTERED STUDENTS

Please provide a summary of all the students' class-wise to be registered in the contest:

LEVELS	GRADE	MALE PARTICIPANTS	FEMALE PARTICIPANTS	TOTAL NO. OF STUDENTS
CATEGORY – I	AGE 4 – 6 YEARS			
CATEGORY – II	AGE 7 – 9 YEARS			
CATEGORY – III	AGE 10 – 12 YEARS			
CATEGORY – IV	AGE 13 – 15 YEARS			
CATEGORY – V	AGE 16 – 18 YEARS			
TOTAL NO. OF STUDENTS				

REGISTRATION & SUBMISSION FEE ACKNOWLEDGEMENT

I acknowledge/ accept that:

- 1.I (on behalf of the school) have ensured that the students' names, parent's email and the ages are correct and thereby any change requested by me (on behalf of the school) at a later stage will be charged as per the policies of Art for Change competition by Discovering New Artists (DNA).
- 2.I (on behalf of the school) confirm that the proof of payment for our submission has been attached/enclosed with this form, and I agree that without the payment proof, Discovering New Artists has the rights to disqualify all the submissions.

INSTRUMENT NO: _____ DATED: _____

AMOUNT (in figures) PKR: _____ TOTAL # OF STUDENTS: _____

OR

**STAPLE HERE YOUR
BANK DRAFT/PAY ORDER/ DEPOSIT SLIP/IBFT SLIP/CROSS-CHEQUE
IN ORIGINAL/COPY**

SIGNATURES & STAMP
HEAD OF SCHOOL/ PRINCIPAL

STUDENTS REGISTRATION SHEET (MANDATORY)

FOR CATEGORY _____

Kindly mention the names of the students according to your institution's office record using **CAPITAL** letters. These particulars will appear on the certificates. Any change after the registration of the official names will not be subject to change. **(You can make multiple copies of this page to enter more students' data).**

(Important Note): Please note that this page is not for the purpose of pasting at the back of the artworks.

S.NO.	STUDENT'S DETAILS			
	STUDENT'S	FULL NAME (Mandatory)		Age:
		PAERNT'S EMAIL (Mandatory)		
	STUDENT'S	FULL NAME (Mandatory)		Age:
		PAERNT'S EMAIL (Mandatory)		
	STUDENT'S	FULL NAME (Mandatory)		Age:
		PAERNT'S EMAIL (Mandatory)		
	STUDENT'S	FULL NAME (Mandatory)		Age:
		PAERNT'S EMAIL (Mandatory)		
	STUDENT'S	FULL NAME (Mandatory)		Age:
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