Image: Algorithm Image: Algorithm Image: Algorithm			
Ν	MBR APPLICATIO	ON FORM	
Surname :			
Name :			
Date of Birth :			
Male / Female			Recent Passport Photo of record holder
Address :			of record holder
, (ddi 655 T			
City/Dist.	State :	Country	:
Postal Code :	Phone :	Mobile :	
E-mail :	Website	:	
Fast Track / Normal Track			
Title of Record Attempt :			
The record was broken on:_			
Details of enclosed documents Photos of records etc.			
Any ID proof of the record h	older		
I here by declared that I have ur	nderstand that I acknow	vledge that the information	ation given here is true.
Signature of the record holder :			
Signature of the Guardian :			
(If the record holder is below 18 (Need to be signed by the group		n rocord)	
(Need to be signed by the group			
Date :			

We require 2 witness from an eminent personality of the chosen field and one ID proof of first or second witness.

1 st Witness :	
Surname :	Name :
Designation :	_
Phone :	E-mail :
Signature :	
2 nd Witness :	
Surname :	Name :
Designation :	_
Phone :	E-mail :
Address :	
Signature :	
Note : After confirmation of the within 10 days.	record we will present the certificate & medal
www.m	arvelousrecords.com