

PITCH IT ON – APPLICATION FORM

Discover. Develop. Deliver.
Showcase your innovation and shine!

Section 1: Applicant Details

Full Name: _____

Date of Birth: ____ / ____ / ____

Age: _____

Gender: ☐ Male ☐ Female ☐ Other

School / College / Institution (if applicable): _____

Class / Grade: _____

Section 2: Contact Information

Residential Address: _____

Mobile / Whatsapp Number (Parent/Guardian if minor): _____

Email ID: _____

Section 3: Innovation / Talent Details

Title of Your Idea / Project / Talent: _____

Category (Tick one):

- ☐ Science & Technology
☐ Invention / Gadget
☐ Sustainability / Environment
☐ Others: _____

Brief Description (in your own words): _____

Has this idea been presented anywhere before?

☐ Yes ☐ No

If yes, please mention: _____

Section 4: Media / Documentation

Do you have a prototype / model? ☐ Yes ☐ No

Do you need any specific support to demonstrate it?

☐ Yes ☐ No

If yes, please specify: _____

Attach photos or drawings of your project (if available)

☐ Attached ☐ Not Attached

Declaration by Applicant

I declare that all the information provided above is true and accurate. I agree to abide by the rules and regulations of Pitch It On.

Signature of Applicant: _____ Date: ____ / ____ / ____

Signature of Parent/Guardian (if under 18): _____