



India Book of Records

Record Application Form

Application ID: _____ Membership No: _____

Required information about the record breaker

First Name: Sai Sitha Sri Hari Chandana Last Name: Mellacheruvu Date of Birth: 18/ 06/ 2004
Occupation: _____ Mobile no: 09290198685

Team head /Company (If record is made by a group or a company) _____

Member 1: _____ Member 2: _____

Member 3: _____ Member 4: _____

If the team member exceeds four please write down their name on a different piece of paper and send as an attachment with this form.

Email: saisomayajulu@rocketmail.com Fax (if available): _____

Website (if available): _____

Permanent Address: M V Ramana Kumar, Door No.:21-22-2-2A, Tota Vari Street
Ramalingeshwarapet, TENALI, Andhrapradesh.

Please mention record category: Creativity

The record was broken on: 30/ 04/ 2012 (Date) at: 5 PM (Place): Bhadrachalam

Measurement, Facts etc: _____
"150 Sand Pintings on Paper"

Detailed rules that were followed during the attempt: _____

- Photographs included. (They can be used by the author for the 'India Book of Records' and other publications license-free. I acknowledge that the copyright is not owned by third party)
- Newspaper cuttings included
- VCD/DVD included
- Logbook included (needed for endurance marathons and some other categories)

I acknowledge that the information given here is true

Signature of the record breaker: _____

(Need to be signed by the group head in case of a group/team record)

Signature of the Guardian: _____

(If the record holder is below 18 year of age)

Witnesses and judges

These forms need to be duly signed and stamped by at least persona in a responsible position (a mayor, sports, referee or someone of that caliber.) For record attempt in specialized field, at least one of the witnesses should be an expert in the field (for example a renowned mathematician or a math's teacher for mental calculations.)

If witness prefer, statement can also be given on a separate paper validated by public notary, but they must include the information given below.

We have witnessed the record attempt described on the other page and confirm that the details about the claim given in this application form are true.

First witness

First Name:----- Last Name:----- Designation: -----

Company Stamp / Seal:-

Phone: ----- Fax: ----- Email: -----

Postal Address: -----

Signature: _____

Second witness

First Name:- ----- Last Name:-----

Designation: -----

Company Stamp / Seal:

Phone:----- Fax: ----- Email: -----

Postal Address: -----

Signature: _____

Post the application form and all the documents at -
India Book of Records, B-121, 2nd Floor, Green Field Colony, Faridabad (Haryana)-121003
Ph.: 09999436779 Website: www.indiabookofrecords.in, www.asiabookofrecords.com