



Bucephalus[®] International Book of Records

Record Application

Date: _____

Name: Mr/Ms/Mrs _____

Date of Birth: _____ Gender: Male/Female/Others

Father's Name: _____

Mobile No: _____

Blood Group: _____

Team Head/Company (If record is made by a group or a Company)

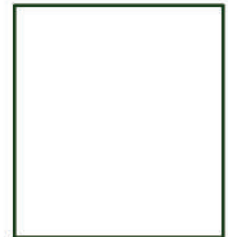
E-mail: _____

Website(if available) _____

Address: _____

State: _____ Nationality: _____

Pin code : _____





Bucephalus[®] International Book of Records

Description about the World record attempt: _____

Please Attach any ID Proof (Mandatory)

Application Signature: _____

Executive Officer Signature: _____

Witness Signature

- 1.
- 2.

Authorised Signature

Address: Metro view Apt, Second floor, Old No: 12/
New No 28, Muthamji Street, Alandur, Chennai 600016
Contact: +91 6374440465, E-mail: bucephalusbookofrecords@gmail.com
www.bucephalusinternationalbookofrecords.com