

SCHOOL REGISTRATION FORM

SCHOOL NAME: _____ SCHOOL CODE: _____

PRINCIPAL NAME: _____ PH. NO. _____

SCHOOL ADDRESS: _____

SCHOOL PH. NO. _____ NO.2 _____

SCHOOL E-MAIL: _____ DATE OF OLYMPIAD SELECTED: _____

SCHOOL HEAD IN CHARGE FOR OLYMPIAD: _____

SCHOOL VICE HEAD IN CHARGE FOR OLYMPIAD -

GENIUS OLYMPIAD INCHARGE: _____

MATHS OLYMPIAD INCHARGE: _____

SCIENCE OLYMPIAD INCHARGE: _____

COMMERCE OLYMPIAD INCHARGE: _____

CLASS WISE INCHARGE LIST –

CLASS	NAME OF TEACHER	NO. OF STUDENTS IN GO	NO. OF STUDENTS IN MO	NO. OF STUDENTS IN SO	NO. OF STUDENTS IN CO
II					
III					
IV					
V					
VI					
VII					
VIII					
IX					
X					
XI					
XII					
TOTAL NO. OF STUDENTS					
GRAND TOTAL OF STUDENTS					

SIGN & NAME OF HEAD IN CHARGE

PRINCIPAL SIGN WITH DATE & SCHOOL STAMP

*GO- GENIUS OLYMPIAD

*MO- MATHS OLYMPIAD

*SO- SCIENCE OLYMPIAD

*CO- COMMERCE OLYMPIAD

