

NATIONAL LEVEL SCIENCE TALENT SEARCH EXAMINATION - 2017

Please tick [✓] any one of the dates for the exam.

Date of Exam : 24 - 01 - 2017 (Tuesday)

Date of Exam : 05 - 02 - 2017 (Sunday)



UNIFIED COUNCIL

INDIA'S 1st ISO 9001:2008 Certified
Organisation in Testing & Assessment



SCHOOL REGISTRATION FORM

School's Name : _____

School's Address : _____

Place _____ District _____

State _____ Pin Code _____

School's Phone Number(s) (with STD code) : _____

E-mail : _____

Name of the Principal (Mr. Ms.) : _____ *Mobile No. _____

Name of the Teacher-In-Charge (Mr. Ms.) : _____ *Mobile No. _____

Syllabus followed : _____
(CBSE/ICSE/State Board / other (please specify))

D.D. No. _____ Name of the Bank : _____ Amount : _____

Unified Council's
Regional Co-ordinator's ID No. & Name
(if he/she has approaches) : _____

Class	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		XII		Total No. of students
											PCM	PCB	PCM	PCB	
No. of students participating															
No. of students required M.Q.P.															
No. of students required S.P.R.															

Signature of the Teacher-In-Charge

Signature of the Principal
with seal of the school

*** Essential for a better service. All updates are made through SMS.**

Please turn overleaf

