

UNIFIED CYBER OLYMPIAD – 2020

Please tick [✓] to select any one date for the exam.

Date of Exam : 16 - 09 - 2020 (Wednesday)

Date of Exam : 30 - 09 - 2020 (Wednesday)



UNIFIED COUNCIL

INDIA'S 1st ISO 9001:2015 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))

Payment transfer details – Bank Ref. No. : _____ Amount : _____ Date : _____

or

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

Unified Council's

Regional Co-ordinator's ID No. & Name

(if he/she has approaches) : _____

| Class | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Total no. of students |
|-------------------------------|---|---|---|---|---|---|---|---|----|-----------------------|
| No. of students participating | | | | | | | | | | |
| No. of students opting OPP | | | | | | | | | | |

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

