

Unified International Mathematics Olympiad - 2020



Date of Exam : 28 - 01 - 2020 (Tuesday)



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	1	2	3	4	5	6	7	8	9	10	11 PCM	12 PCM	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

