Gujarat Gaurav Foundation

ગુજરાતી ભાષામાં સર્વપ્રથમ ઓલિમ્પિયાડ

SCH00L REGISTRATION SUMMARY

- To be filled by the authorized person of the school as per the instructions given overleaf.
- To be filled in capital letters only. Incompletely filled form may be rejected / cancelled.

- School Registration Number :
- Name of School :
- Address :

City : _____ Pincode : _____ Dist : _____ State : _____

Phone No. Mobile No.

- School e-mail :
- Name of the Principal :
- Principal Mobile No.
- School Co-ordinator :
- School Co-ordinator Mobile No.
- Subject Co – ordinator Teachers

Std.	No. of Students	Subject Co-ordinator Teacher	E-mail	Contact No.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Grand Total of Students:				

Bank Draft Detail: Bank _____ date _____ Draft.No. _____

Amount. _____

Preferred Exam Dates for School Level Exam:

School Principal
Stamp & Signature

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STUDENT REGISTRATION FORM

* Please enter the names of standard wise students from standard 1st in continuous manner.
* You can download copy of Student Registration Form from the website of www.gujaratgaurav.org

School Code: **Page :**

Sr No.	Std.	Full Name Of Student (Surname / Name / Father'S Name)		