



Practical Science Quiz 2016

SCHOOL REGISTRATION FORM

Name of the School: _____

School Address: _____

Pin: _____

Board Affiliated to: _____ Strength of the School (Approx.): _____

Contact Number of the School: _____

Contact Person (Coordinator for Practical Science Quiz)

Name: _____ Designation: _____

Mobile No: _____ Email ID: _____

No of Students participating in Level 1:

Grade 2: _____ Grade 3: _____ Grade 4: _____ Grade 5: _____

Grade 6: _____ Grade 7: _____ Grade 8: _____ Grade 9: _____

Schedule Opted for PSQ Level 1: Please mention Date and Timings convenient to the school (Nov 25th or Nov 26th)

Schedule Opted for NELTAS ECAT Level 1: Please mention Date and Timings convenient to the school (Dec 7th or Dec 14th)

Declaration: We hereby allow our school students to participate/represent the school in Practical Science Quiz 2016-17 and NELTAS ECAT 2016-17 conducted by ScienceUtsav and NELTAS. We also attach a copy of the Name, Grade and Roll Number of registered students.

Date:

Co-ordinator's Signature

School Seal

Principal's Signature

Corporate Office:

42, Puttadas Complex, JSS, Kanakapura Road, Jayanagara 7th Block, Bangalore – 560070

Corp Branch Office:

903, "A" wing, Bldg # 67, Shubham Towers Tilak Nagar, Mumbai-89.M: 91 90294026