

Practical Science Quiz 2017-18

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: _____

Declaration: We hereby allow our school students to participate/represent the school in Practical Science Quiz 2017-18 conducted by ScienceUtsav. We will adhere to the guidelines set by ScienceUtsav institute to execute PSQ 2017-18.

Date:

Coordinator's Signature

School Seal

Principal's Signature