

KC 1st Inter-school quiz 2017

Registration Form

Name of School: _____

Address: _____

Phone number of school: _____

Player-1

Name: _____ S/O, D/O _____

Gender: M F Date of Birth: ____/____/____

Class: _____ Stream: Med/ Non-Med/ Com./ Arts/ Other _____

Address: _____

Contact No: _____ email ID: _____

Player-2

Name: _____ S/O, D/O _____

Gender: M F Date of Birth: ____/____/____

Class: _____ Stream: Med/ Non-Med/ Com./ Arts/ Other _____

Address: _____

Contact No: _____ email ID: _____

Accompanying teacher:

Name: _____ Subject: _____

Cell no: _____

This is to confirm that the above-mentioned students will be participating in this KC 1st Quiz Competition along with the accompanying teacher.

Signature of Principal