

Inspiring blooming minds through our Olympiads

## SCHOOL REGISTRATION FORM

## CLOSING DATE 8th SEPTEMBER 2018

						SRF school code (for office use only)		
1.	SCHOOL NAME & ADDRESS* (Capital Letters)							
		City/Town_	Taluk		District			
		State : TELANGANA	PIN CODE	Phone No.1	Phone No	0.2		
2.	SCHOOL E-MAIL ID							
3.	HEAD MASTER / PRINCIPAL'S NAME AND Ph. No.*	STD Code Ph.No./Mobile						
4.	HEAD MASTER / PRINCIPAL'S E-MAIL ID							
5.	SRINIVASA RAMANUJAN MATHEMATICS OLYMPIAD In-charge Teacher Name			Ph.No./Mobile	e-m	nail		
6.	C.V. RAMAN SCIENCE OLYMPIAD In-charge Teacher Name*			Ph.No./Mobile	e-m	nail		
7.	ABDUL KALAM OLYMPIAD In-Charge Teacher Name*			Ph.No./Mobile	e-m			
8.	STATE ENGLISH OLYMPIAD In-charge Teacher Name*			Ph.No./Mobile	e-m			
9.	NATIONAL SRINIVASA RAMANUJAN MATHEMATICS OLYMPIAD In-charge Teacher Name*			Ph.No./Mobile	e-m			
10	D.STATE ENGLISH OLYMPIAD In-charge Teacher Name*			Ph.No./Mobile	e-m	Na to		
11	I. STATE CYBER OLYPIAD In-charge Teacher Name*			Ph.No./Mobile				
	Note: * (Star) marked fields are compulsory	la contraction of the contractio		T THROUGHOUSE	e-m	Idli		

12. For each Olympiad Rs.100/- or all (Le	ENTERNATION DATE LONGS 1000		d for each application to meet the comr	mission of DD to be sent to us and exa	mination expenditure.	
13. Please make DD in favour of KSRE S	OCIETY payable at Hasanparthy,	Demand draft No.	Date:	Rs.		
NOTE: In case of deposit, Please send	d each cash deposit slip along with the r	egistration form without fall.				
Registration form along with STUDE	ENT LIST & DD should reach SRF OFF	FICE by 28th September 2018   Please	DON'T PAY CASH			
SRF LEVEL-I Exam Date: Oct, 28"  S	C V PSS S O	ABDUL KALAM GLYMPIAD	SRE LEVEL-I Exem Date: Jan, 6"  N S R M O  AATOMAL SPINIVASA RAMAAJJAN MATHEMATICS GLYNPIAD	SRF LEVEL From Date: Jan 1* S E O State English Olympiad	SRF LEVE-4 Exam Date: Jan 3*  Siste Cyber Olympiad	
Class No. of Students Name of the Teachers	No. of Students Name of the Teachers	No. of Students Name of the Teachers	No. of Students Name of the Teachers	No. of Students Name of the Teachers	No. of Name of the Teachers	
Ш						
IV						
٧						
VI						
VII						
IX						
X						
XI						
XII						
Total	Total	Total	Total	Total	Total	
	Grand Total No. of Students		Date :	Name & Signature of Head of the institution with School seal		
Alas Alas Alas Alas	DEF MONG					