



Bebras

International Challenge on Informatics
and Computational Thinking

REGISTRATION FORM 13th IBIC 2018

INSTRUCTIONS & IMPORTANT DEADLINES.

- I. Please fill all the columns with Black/Blue permanent ink in Capital letters only.
- II. A separate registration page (Page 04 of registration form) may be used for each participating class. (Don't register the names of students from multiple classes on one page).
- III. Minimum Participation of 10 students from a participating class is MUST. There is no maximum limit.
- IV. The last date of submitting registration form is **October 5, 2018** with normal fee, after this date the institutions can register by paying **late fee of Rs. 5,000** (per institution) till **October 10, 2018** and by paying **double late fee of Rs. 10,000** (per institution) till **October 16, 2018**. Thereafter no registration will be accepted.
- V. The Contest will be held on **Thursday, November 29, 2018. (10:00 AM.)**
- VI. The participation fee is **Rs. 700/-** per participant, which can be paid through Bank Draft/Pay Order, drawn in favour of **International Bebras Informatics Contest (IBIC)**.
OR
The fee can also be directly transferred to our A/C: **International Bebras Informatics Contest (IBIC)**, A/C No: **23377000138452**, IBAN: **PK05 HABB 0023377000138452**, Bank Name: **HABIB BANK LIMITED**, Branch: **KHIABAN-I-IQBAL, DHA, LAHORE**.
- VII. The registration fee once paid is non-refundable and non-transferable.
- VIII. The registration forms complete in all respect should be sent to the following Postal Address:

KANGOUROU SANS FRONTIERES - PAKISTAN
13th International Bebras Informatics Contest
1st Floor, 302 -Y / Commercial Area, Phase - III
Defence Housing Authority, Lahore Cantt. 75000

- IX. All particulars in the registration form must be filled as illustrated below. Variation from the format can result in the rejection of registration.

S.NO.	STUDENT'S PARTICULARS		
STUDENT'S	First Name	HASSAN	
	Middle Name	BIN	
	Last Name	WALEED	
FATHER'S	First Name	WALEED	
	Middle Name	AHMED	
	Last Name	MASHWANI	

For any further assistance, you can contact **KSF-PAKISTAN** office by e-mail at info.ibic@kangaroo.org.pk, phone: +92-42-35744666, +92-42-35692728 and cell: +92-324-4219999, +92-321-8882252.



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1. INSTITUTION'S DETAILS

IBIC INSTITUTION CODE:

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 (5 digit Unique Institution Code for IBIC)

INSTITUTION'S NAME:

INSTITUTION'S POSTAL ADDRESS:

TEHSIL	
DISTRICT	
PHONE (S)	
FAX	
E-MAIL	

OFFICIAL BANK TITLE OF THE INSTITUTION'S BANK ACCOUNT FOR HONORARIUM

2. PRINCIPAL'S CONTACT DETAILS (FIRST CONTACT)

FIRST NAME	
MIDDLE NAME	
LAST NAME	
CELL NO.	
OFFICE PHONE NO.	
E-MAIL	

3. COORDINATOR'S CONTACT DETAILS (SECOND CONTACT)

Institution must nominate an official to coordinate and to correspond in the absence of Principal.

FIRST NAME	
MIDDLE NAME	
LAST NAME	
CELL NO.	
OFFICE PHONE NO.	
E-MAIL	

4. COURIER & MAIL OPTIONS:

Courier Service TCS (Registered or UMS mails)



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5. DETAIL OF REGISTERED STUDENTS.

Class-wise summary of students to be registered:

LEVEL	CLASS		NO. OF STUDENTS (in figures)
PRE-ECOLIER	01	ONE	
	02	TWO	
ECOLIER	03	THREE	
	04	FOUR	
BENJAMIN	05	FIVE	
	06	SIX	
CADET	07	SEVEN	
	08	EIGHT/O LEVEL-I	
JUNIOR	09	NINE/O LEVEL-I & II	
	10	TEN/O LEVEL-II & III	
STUDENT	11	ELEVEN/O LEVEL-III & A LEVEL-I	
	12	TWELVE/A LEVEL-I & II	
TOTAL NO. OF STUDENTS			

6. UNDERTAKING.

I hereby certify that:

1. I undertake the full responsibility to act as a Chief Examiner for the written test of 13th IBIC 2018 and to conduct the exam following the IBIC code of conduct and by making all necessary examination arrangements at our institution maintaining the international standards and ensuring the secrecy & transparency of the written test.
2. I also assure that my institution will fully abide by IBIC code of conduct, all rules, regulations and instructions of the IBIC being enforced time to time.
3. I also certify that I have enclosed Deposit slip/Bank Draft/Pay Order in original bearing No: _____ Dated: _____ amounting to Rs. (in figures) _____ as a registration fee for total number of _____ students as mentioned in above summary @ **Rs.700** per student in favour of **International Bebras Informatics Contest (IBIC)**.

OR

***Deposit Slip/Bank Draft/Pay Order in original
PLEASE ATTACH HERE***

SIGNATURES & STAMP
PRINCIPAL /HEAD OF THE INSTITUTION



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**STUDENTS REGISTRATION SHEET
FOR THE CLASS _____**

A separate registration page may be used for each participating class. Don't register the names of students from multiple classes on one page. Please fill the particulars of students very carefully according to your institution's office record using capital letters. These particulars will appear on the certificates/mark sheets. Any change requested therein after the issuance of result/certificates will be subject to the payment of a fee of Rs. 1,000 per document.

S.NO.	STUDENT'S PARTICULARS	
	STUDENT'S	First Name
		Middle Name
		Last Name
	FATHER'S	First Name
		Middle Name
		Last Name
	STUDENT'S	First Name
		Middle Name
		Last Name
	FATHER'S	First Name
		Middle Name
		Last Name
	STUDENT'S	First Name
		Middle Name
		Last Name
	FATHER'S	First Name
		Middle Name
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	STUDENT'S	First Name
		Middle Name
		Last Name
	FATHER'S	First Name
		Middle Name
		Last Name
	STUDENT'S	First Name
		Middle Name
		Last Name
	FATHER'S	First Name
		Middle Name
		Last Name
	STUDENT'S	First Name
		Middle Name
		Last Name
	FATHER'S	First Name
		Middle Name
		Last Name