

ADDITIONAL STUDENT'S REGISTRATION FORM

Please fill in CAPITAL letters.

IKLC INSTITUTION CODE:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

| | |
|---------------------------|--|
| INSTITUTION NAME | |
| ADDRESS | |
| PHONE/CELL NO. (S) | |
| PRINCIPAL'S NAME | |
| CELL NO. | |
| E-MAIL | |

Previous Deposit Slip/Bank Draft/Pay Order No: _____ Dated: _____

amounting to Rs. (in figures) _____ as registration fee for total number of _____ students.

New Deposit Slip/Bank Draft/Pay Order in original bearing No: _____ Dated: _____

amounting to Rs. (in figures) _____ as registration fee for total number of _____

new students @ Rs.700 per student in favour of **International Kangaroo Linguistic Contest (IKLC)**.

SIGNATURES & STAMP
PRINCIPAL/HEAD
OF THE INSTITUTION

