



ADDITIONAL STUDENT'S REGISTRATION FORM

Please fill in CAPITAL letters.

IKMC INSTITUTION CODE:

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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 Mathematics Contest**.

SIGNATURES & STAMP
PRINCIPAL/HEAD
OF THE INSTITUTION

