



International
KANGAROO MATHEMATICS CONTEST
Kangourou Sans Frontières - PAKISTAN

REGISTRATION FORM 29th IKMC 2019

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 **January 5, 2019** with normal fee, after this date the institutions can register by paying **late fee of Rs. 5,000** (per institution) till **January 10, 2019** and by paying **double late fee of Rs. 10,000** (per institution) till **January 15, 2019**. Thereafter no registration will be accepted.
- V. The Contest will be held on **Thursday, March 21, 2019. (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 **INNOVATIVE LEARNING**.
OR
The fee can also be directly transferred to our A/C: **INNOVATIVE LEARNING**, A/C No: **23377000315052**, IBAN: **PK34 HABB 0023377000315052**, 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:

INNOVATIVE LEARNING
29th International Kangaroo Mathematics Contest 2019
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 **Innovative Learning** office by e-mail at info@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

IKMC INSTITUTION CODE: (Last year's 5 digit Unique Institution Code allotted from KSF-Pakistan)

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 29th IKMC 2019 and to conduct the exam following the IKMC 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 IKMC code of conduct, all rules, regulations and instructions of the IKMC 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 **INNOVATIVE LEARNING**.

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	
		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	