

INNOVATIVE LEARNING

REGISTRATION FORM FOR 12th IKSC 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 **June 10, 2019** with normal fee, after this date the institutions can register by paying **late fee of Rs. 5,000** (per institution) till **June 15, 2019** and by paying **double late fee of Rs. 10,000** (per institution) till **June 20, 2019**. Thereafter no registration will be accepted.
- V. The Contest will be held on **Thursday, September 26, 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 **International Kangaroo Science Contest (IKSC)**.
OR
The fee can also be directly transferred to our A/C: **International Kangaroo Science Contest (IKSC)**, A/C No: **23377000219452**, IBAN: **PK64 HABB 0023377000219452**, 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 respects should be sent to the following Postal Address:

INNOVATIVE LEARNING
12th International Kangaroo Science 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 **Innovative Learning** office by e-mail at info.iksc@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

IKSC INSTITUTION CODE:

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 (5 digit Unique Institution Code for IKSC)

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. DETAILS 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	
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 12th IKSC 2019 and to conduct the exam following the IKSC 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 IKSC code of conduct, all rules, regulations and instructions of the IKSC 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 Kangaroo Science Contest (IKSC)**.

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

SIGNATURES & STAMP
 PRINCIPAL /HEAD OF THE INSTITUTION

INNOVATIVE LEARNING
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	