



| 1. School Name (CAPITAL LETTERS) | |
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| 2. School Address | |
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| 3. School E-mail ID. | |
| 4. Principal's Name & Ph. No. | |
| 5. Principal's E-mail ID. | |
| 6. School Olympiad Coordinator Name & Ph. No. | |





SCHOOL REGISTRATION FORM

Please attach the list of participating students:

| SI. No. | Name of the Student | Grade | Division | Contact |
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| Signature of the MASET Coordinator | Signature of the Principal | |
|------------------------------------|-------------------------------|--|
| Name: | | |
| Contact No | Stamp | |