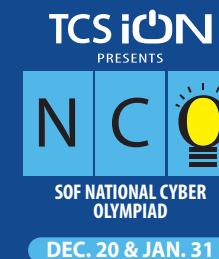




School Registration Form

SOF Olympiads 2018-19

Important:
Closing date 30 days
before date of exam
SOF School Code



National Office:
Plot 99, First Floor, Sector 44, Institutional Area,
Gurgaon - 122003 (HR) Tel.: 0124-4951200
E-mail: info@sofworld.org
www.sofworld.org

1. School Name (Capital Letters)	<input type="text"/>																												
2. School Address (Capital Letters)	<input type="text"/> <input type="text"/> City <input type="text"/> District <input type="text"/> State <input type="text"/> Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																												
3. Name of Trust/ Society running the school	<input type="text"/>																												
4. GST Number of Trust / Society	<input type="text"/>																												
5. School Ph. No.	STD Code <input type="text"/>				Phone 1 <input type="text"/>						Phone 2 <input type="text"/>						Phone 3 <input type="text"/>												
6. School E-mail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Principal's Name and Ph. No.	<input type="text"/>														STD Code <input type="text"/>				Phone No. / Mobile <input type="text"/>										
8. Principal's E-mail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. IGKO Incharge Teacher's Name	<input type="text"/>								Phone No. / Mobile <input type="text"/>								E-mail <input type="text"/>												
10. IEO Incharge Teacher's Name	<input type="text"/>								Phone No. / Mobile <input type="text"/>								E-mail <input type="text"/>												
11. NSO Incharge Teacher's Name	<input type="text"/>								Phone No. / Mobile <input type="text"/>								E-mail <input type="text"/>												
12. IMO Incharge Teacher's Name	<input type="text"/>								Phone No. / Mobile <input type="text"/>								E-mail <input type="text"/>												
13. NCO Incharge Teacher's Name	<input type="text"/>								Phone No. / Mobile <input type="text"/>								E-mail <input type="text"/>												
14. ICSO Incharge Teacher's Name	<input type="text"/>								Phone No. / Mobile <input type="text"/>								E-mail <input type="text"/>												

IMPORTANT: Ensure you have filled-in all boxes above. Write legibly in BLOCK CAPITALS for ease of communication and accuracy in issuance of certificates.

15.

	SOF International General Knowledge Olympiad	
	*Select Date of Exam(✓) <input type="checkbox"/> 11 th Sept. <input type="checkbox"/> 25 th Sept.	
Class	Name of the Teacher	No. of Students
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11	N/A	
12		
	Total number of students	
	*Selected Date of Exam	

SOF International English Olympiad		SOF National Science Olympiad	
*Select Date of Exam (✓) <input type="checkbox"/> 4 th Oct. <input type="checkbox"/> 11 th Oct. <input type="checkbox"/> 23 rd Oct.		*Select Date of Exam (✓) <input type="checkbox"/> 1 st Nov. <input type="checkbox"/> 15 th Nov. <input type="checkbox"/> 27 th Nov.	
Name of the Teacher	No. of Students	Name of the Teacher	No. of Students
Total number of students		Total number of students	
*Selected Date of Exam		*Selected Date of Exam	

SOF International Mathematics Olympiad		SOF National Cyber Olympiad		SOF International Company Secretaries Olympiad		
*Select Date of Exam (✓) <input type="checkbox"/> 4 th Dec. <input type="checkbox"/> 13 th Dec. <input type="checkbox"/> 18 th Dec.		*Select Date of Exam(✓) <input type="checkbox"/> 20 th Dec. <input type="checkbox"/> 31 st Jan.		*Select Date of Exam(✓) <input type="checkbox"/> 20 th Dec. <input type="checkbox"/> 31 st Jan.		
Name of the Teacher	No. of Students	Name of the Teacher	No. of Students	Name of the Teacher	No. of Students	Class
				In partnership with The Institute of Company Secretaries of India (ICSI), Ministry of Corporate Affairs, Govt. of India. Students of class 11 & 12 from any stream (Science, Commerce & Humanity) may participate. ↓		1
						2
						3
						4
						5
						6
						7
						8
						9
						10
						11
						12
Total number of students		Total number of students		Total number of students		
*Selected Date of Exam <input type="text"/>		*Selected Date of Exam <input type="text"/>		*Selected Date of Exam <input type="text"/>		

16. **FEES:** A participation fee of ₹125/Student/Olympiad, (inclusive of GST) is to be collected by the school from the students for and on behalf of SOF and sent to SOF. The school may collect an additional ₹ 25 / Student / Olympiad on its own account and utilise it towards honorarium of the incharge, remuneration to teachers to teach / guide using study material supplied by SOF and for offsetting miscellaneous expenses. No fee is payable for students with major physical disability or Indian student whose parent was martyred during defence operations.

17. **MODE OF PAYMENT:** The school may make payment through any of the following modes: OR

OR

Schools may send payment directly through 'NEFT/RTGS/TRANSFER'.
(Kindly tick ✓ the box and fill the following details. Please mention school code.)

Please make DD in favour of **SCIENCE OLYMPIAD FOUNDATION**, payable at New Delhi.

Demand Draft No.	Date	for ₹
------------------	------	-------

OR

Transfer payment online at <https://eazypay.icicibank.com>

Date	for ₹	Txn. ID:
------	-------	----------

Bank Name	Current A/C No.	IFSC	Branch
ICICI Bank	031405004031	ICIC 0000 314	Sushant Lok, Gurgaon
Kotak Mahindra Bank	0912330349	KKBK 0000 291	Galleria Market, Gurgaon

Date

for ₹

Txn. ID:

18. Are you applying directly or through a Co-ordinator from SOF? (Please tick ✓):

☐ Directly
 ☐ SOF Co-ordinator
 Name of the SOF Co-ordinator

Grand total No. of students	
--------------------------------	--

Principal's signature with date and school stamp