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1. School Name (Capital Letters)	<input style="width: 100%; height: 25px;" type="text"/>				
2. School Address (Capital Letters)	<input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> City _____ District _____ State _____ Pin Code <input style="width: 20px; height: 20px;" type="text"/>				
3. Name of Trust/ Society running the school	<input style="width: 100%; height: 25px;" type="text"/>				
4. GST Number of Trust / Society	<input style="width: 100%; height: 25px;" type="text"/>				
5. School Ph. No.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">STD Code</td> <td style="width: 30%; padding: 2px;">Phone 1</td> <td style="width: 45%; padding: 2px;">Phone 2</td> </tr> </table>	STD Code	Phone 1	Phone 2	
STD Code	Phone 1	Phone 2			
6. School E-mail	<input style="width: 100%; height: 25px;" type="text"/>				
7. Principal's Name and Ph. No.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> <td style="width: 30%; padding: 2px;">Phone No. / Mobile</td> </tr> </table>	<input style="width: 98%; height: 20px;" type="text"/>	Phone No. / Mobile		
<input style="width: 98%; height: 20px;" type="text"/>	Phone No. / Mobile				
8. Principal's E-mail	<input style="width: 100%; height: 25px;" type="text"/>				
9. IGKO Incharge Teacher's Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> <td style="width: 30%; padding: 2px;">Phone No. / Mobile</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> </tr> </table>	<input style="width: 98%; height: 20px;" type="text"/>	Phone No. / Mobile	<input style="width: 98%; height: 20px;" type="text"/>	
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10. IEO Incharge Teacher's Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> <td style="width: 30%; padding: 2px;">Phone No. / Mobile</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> </tr> </table>	<input style="width: 98%; height: 20px;" type="text"/>	Phone No. / Mobile	<input style="width: 98%; height: 20px;" type="text"/>	
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11. NSO Incharge Teacher's Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> <td style="width: 30%; padding: 2px;">Phone No. / Mobile</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> </tr> </table>	<input style="width: 98%; height: 20px;" type="text"/>	Phone No. / Mobile	<input style="width: 98%; height: 20px;" type="text"/>	
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<input style="width: 98%; height: 20px;" type="text"/>					
12. IMO Incharge Teacher's Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> <td style="width: 30%; padding: 2px;">Phone No. / Mobile</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> </tr> </table>	<input style="width: 98%; height: 20px;" type="text"/>	Phone No. / Mobile	<input style="width: 98%; height: 20px;" type="text"/>	
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<input style="width: 98%; height: 20px;" type="text"/>					
13. NCO Incharge Teacher's Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> <td style="width: 30%; padding: 2px;">Phone No. / Mobile</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> </tr> </table>	<input style="width: 98%; height: 20px;" type="text"/>	Phone No. / Mobile	<input style="width: 98%; height: 20px;" type="text"/>	
<input style="width: 98%; height: 20px;" type="text"/>	Phone No. / Mobile				
<input style="width: 98%; height: 20px;" type="text"/>					
14. ICO Incharge Teacher's Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> <td style="width: 30%; padding: 2px;">Phone No. / Mobile</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> </tr> </table>	<input style="width: 98%; height: 20px;" type="text"/>	Phone No. / Mobile	<input style="width: 98%; height: 20px;" type="text"/>	
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15. ISSO Incharge Teacher's Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> <td style="width: 30%; padding: 2px;">Phone No. / Mobile</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><input style="width: 98%; height: 20px;" type="text"/></td> </tr> </table>	<input style="width: 98%; height: 20px;" type="text"/>	Phone No. / Mobile	<input style="width: 98%; height: 20px;" type="text"/>	
<input style="width: 98%; height: 20px;" type="text"/>	Phone No. / Mobile				
<input style="width: 98%; height: 20px;" type="text"/>					



OCT. 21 & NOV. 11



OCT. 28, NOV. 9 & NOV. 18



NOV. 25, DEC. 7 & DEC. 14



NOV. 23, DEC. 9 & DEC. 16



DEC. 21 & JAN. 18



JAN. 20 & FEB. 3

**INTRODUCING**



JAN. 20 & FEB. 3



**National Office:**  
Plot No. 99,  
First Floor, Sector 44  
Institutional Area  
Gurugram - 122003 (HR),  
India  
Tel.: 0124-4951200  
E-mail: info@sofworld.org  
www.sofworld.org

SOF International General Knowledge Olympiad			SOF International English Olympiad			SOF National Science Olympiad		
*Select Date of Exam (✓) <input type="checkbox"/> 21 <sup>st</sup> Oct. <input type="checkbox"/> 11 <sup>th</sup> Nov.			*Select Date of Exam (✓) <input type="checkbox"/> 28 <sup>th</sup> Oct. <input type="checkbox"/> 9 <sup>th</sup> Nov. <input type="checkbox"/> 18 <sup>th</sup> Nov.			*Select Date of Exam (✓) <input type="checkbox"/> 25 <sup>th</sup> Nov. <input type="checkbox"/> 7 <sup>th</sup> Dec. <input type="checkbox"/> 14 <sup>th</sup> Dec.		
Class	Name of the Teacher	No. of Students	Name of the Teacher	No. of Students	Name of the Teacher	No. of Students	Class	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11	N/A							11
12	N/A							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"/>		

SOF International Mathematics Olympiad			SOF National Cyber Olympiad			SOF International Social Studies Olympiad		
*Select Date of Exam (✓) <input type="checkbox"/> 23 <sup>rd</sup> Nov. <input type="checkbox"/> 9 <sup>th</sup> Dec. <input type="checkbox"/> 16 <sup>th</sup> Dec.			*Select Date of Exam (✓) <input type="checkbox"/> 21 <sup>st</sup> Dec. <input type="checkbox"/> 18 <sup>th</sup> Jan.			*Select Date of Exam (✓) <input type="checkbox"/> 20 <sup>th</sup> Jan. <input type="checkbox"/> 3 <sup>rd</sup> Feb.		
Class	Name of the Teacher	No. of Students	Name of the Teacher	No. of Students	Name of the Teacher	No. of Students	Class	
1					N/A			1
2					N/A			2
3					N/A			3
4					N/A			4
5					N/A			5
6					N/A			6
7					N/A			7
8					N/A			8
9					N/A			9
10					N/A			10
11			Total number of students			Total number of students		
12			*Selected Date of Exam <input type="text"/>			*Selected Date of Exam <input type="text"/>		
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"/>		

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

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

Demand Draft No.  Date  for US\$

Drawn on (Bank & Branch): \_\_\_\_\_ OR

(b) Transfer the payment online at <https://eazypay.icicibank.com> (For schools in India only)

Date  for US\$  Txn. ID:  OR

(c) Schools may send payment directly through 'NEFT/RTGS/TRANSFER'.

(Please fill the following details and mention school code.)

Bank Name	Current A/C No.	IFSC	Branch
ICICI Bank	031405004031	ICIC 0000 314	Sushant Lok, Gurugram
Standard Chartered Bank	53105120914	SCBL0036025	DLF Cyber City, Gurugram

Date  for US\$  Txn. ID:  OR

(d) Schools may pay through Credit Card / Debit Card Powered by Rupaya/BHIM UPI/UPI.

Date  for US\$  Txn. ID:   
UPI Address  SOF@SC  QR Code (to scan and pay)



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

Directly  SOF Co-ordinator

Name of the SOF Co-ordinator

Principal's signature with date and school stamp

17. **Registration fee:** Schools pay to SOF a registration fee of US\$9 per student / Olympiad exam towards cost of examination. Schools may charge an additional US\$1 per student / Olympiad exam towards honorarium of incharge, remuneration to teachers to teach and guide, and for other expenses. No fee is payable for students suffering from any major physical disability, or an Indian student whose parent was martyred during defence operations.

Grand total No. of students

\*Please select one date for conducting the SOF OLYMPIAD in your school. Change of date will not be permitted. There are separate question papers for different dates. This form may be sent to : SOF, Plot No. 99, First Floor, Sector 44 Institutional Area, Gurugram - 122003 (HR) India 30 days before selected date of each exam | PLEASE DO NOT PAY CASH.

Note : Dates of exams may change depending on impact of Corona on functioning of schools.