

1. School Name	<input style="width: 100%;" type="text"/>										
2. School Address	<input style="width: 100%;" type="text"/>										
	<input style="width: 100%;" type="text"/>										
	City <input style="width: 60%;" type="text"/>	District <input style="width: 35%;" type="text"/>									
	State <input style="width: 50%;" type="text"/>	Pin Code <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
3. School Affiliated to	<input style="width: 100%;" type="text" value="BOARD"/>	4. Total Student Strength of School	<input style="width: 100%;" type="text"/>								
			5. Running Classes up to <input style="width: 100%;" type="text"/>								
6. Name of Trust/ Society running the school	<input style="width: 100%;" type="text"/>										
7. GST Number of Trust / Society	<input style="width: 100%;" type="text"/>										
8. School Phone. No.	STD Code <input style="width: 100%;" type="text"/>	Phone 1 <input style="width: 100%;" type="text"/>	Phone 2 <input style="width: 100%;" type="text"/>								
9. School E-mail	<input style="width: 100%;" type="text"/>										
10. Principal's Name	<input style="width: 100%;" type="text"/>	Phone No. / Mobile <input style="width: 100%;" type="text"/>									
	E-mail <input style="width: 100%;" type="text"/>										
11. Overall Coordinator's Name	<input style="width: 100%;" type="text"/>	Phone No. / Mobile <input style="width: 100%;" type="text"/>									
	E-mail <input style="width: 100%;" type="text"/>										
12. IGKO Incharge Teacher's Name	<input style="width: 100%;" type="text"/>	Phone No. / Mobile <input style="width: 100%;" type="text"/>									
	E-mail <input style="width: 100%;" type="text"/>										
13. IEO Incharge Teacher's Name	<input style="width: 100%;" type="text"/>	Phone No. / Mobile <input style="width: 100%;" type="text"/>									
	E-mail <input style="width: 100%;" type="text"/>										
14. ISO Incharge Teacher's Name	<input style="width: 100%;" type="text"/>	Phone No. / Mobile <input style="width: 100%;" type="text"/>									
	E-mail <input style="width: 100%;" type="text"/>										
15. IMO Incharge Teacher's Name	<input style="width: 100%;" type="text"/>	Phone No. / Mobile <input style="width: 100%;" type="text"/>									
	E-mail <input style="width: 100%;" type="text"/>										
16. ICSO Incharge Teacher's Name	<input style="width: 100%;" type="text"/>	Phone No. / Mobile <input style="width: 100%;" type="text"/>									
	E-mail <input style="width: 100%;" type="text"/>										
17. ISSO Incharge Teacher's Name	<input style="width: 100%;" type="text"/>	Phone No. / Mobile <input style="width: 100%;" type="text"/>									
	E-mail <input style="width: 100%;" type="text"/>										
18. IHO Incharge Teacher's Name	<input style="width: 100%;" type="text"/>	Phone No. / Mobile <input style="width: 100%;" type="text"/>									
	E-mail <input style="width: 100%;" type="text"/>										
19. ICO Incharge Teacher's Name	<input style="width: 100%;" type="text"/>	Phone No. / Mobile <input style="width: 100%;" type="text"/>									
	E-mail <input style="width: 100%;" type="text"/>										

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

Note: The e-mail IDs and/or phone numbers provided above will be used to communicate information related to SOF exams including registrations, preparatory material, schedule of exams, results, awards and other useful details.



*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. In case date is not selected, last date of exam will be assigned as the default date.

20.	SOF International General Knowledge Olympiad (IGKO)			SOF International English Olympiad (IEO)			
	*Select Date of Exam (✓) <input type="checkbox"/> 22 nd Sept. <input type="checkbox"/> 6 th Oct. <input type="checkbox"/> 3 rd Nov.			*Select Date of Exam (✓) <input type="checkbox"/> 30 th Sep. <input type="checkbox"/> 27 th Oct. <input type="checkbox"/> 17 th Nov.			
Class	Name of the Teacher	Mobile/WhatsApp Number	No. of Students	Name of the Teacher	Mobile/WhatsApp Number	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	NA						11
12							12
Total number of students -			Total number of students -				
*Selected Date of Exam <input type="text"/>			*Selected Date of Exam <input type="text"/>				

	SOF International Science Olympiad (ISO)			SOF International Mathematics Olympiad (IMO)			
	*Select Date of Exam (✓) <input type="checkbox"/> 30 th Oct. <input type="checkbox"/> 19 th Nov. <input type="checkbox"/> 3 rd Dec.			*Select Date of Exam (✓) <input type="checkbox"/> 23 rd Oct. <input type="checkbox"/> 26 th Nov. <input type="checkbox"/> 10 th Dec.			
Class	Name of the Teacher	Mobile/WhatsApp Number	No. of Students	Name of the Teacher	Mobile/WhatsApp Number	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							11
12							12
Total number of students -			Total number of students -				
*Selected Date of Exam <input type="text"/>			*Selected Date of Exam <input type="text"/>				



*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. In case date is not selected, last date of exam will be assigned as the default date.

SOF International Computer Science Olympiad (ICSO)				SOF International Social Studies Olympiad (ISSO)			
*Select Date of Exam (✓) <input type="checkbox"/> 24 th Sept. <input type="checkbox"/> 17 th Dec.				*Select Date of Exam (✓) <input type="checkbox"/> 30 th Nov. <input type="checkbox"/> 19 th Jan.			
Class	Name of the Teacher	Mobile/WhatsApp Number	No. of Students	Name of the Teacher	Mobile/WhatsApp Number	No. of Students	Class
1				NA			1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
Total number of students -				Total number of students -			
*Selected Date of Exam <input type="text"/>				*Selected Date of Exam <input type="text"/>			

SOF International Hindi Olympiad (IHO)				SOF International Commerce Olympiad (ICO)			
*Select Date of Exam (✓) <input type="checkbox"/> 23 rd Nov. <input type="checkbox"/> 22 nd Jan.				*Select Date of Exam (✓) <input type="checkbox"/> 30 th Nov. <input type="checkbox"/> 19 th Jan.			
Class	Name of the Teacher	Mobile/WhatsApp Number	No. of Students	Name of the Teacher	Mobile/WhatsApp Number	No. of Students	Class
1	NA						11
2							12
3				Total number of students -			
4				*Selected Date of Exam <input type="text"/>			
5							
6							
7							
8							
9							
10							
Total number of students -							
*Selected Date of Exam <input type="text"/>							

Grand Total No. of Registrations

NOTE - MINIMUM REGISTRATIONS PER EXAM

- 5-10 Registrations - Question papers will be mailed to School's Official e-mail ID.
- More than 10 Registrations - Question papers will be couriered to the school.
- Less than 5 Registrations will not be accepted.



