

SAEVUS Natural Capital Olympiad



SCHOOL REGISTRATION FORM

Please fill the form in **BLOCK LETTERS**

Name of School* _____

Complete Postal Address* _____

District and State* _____ Pin Code* _____

Telephone* (Add STD code) _____

Fax _____ E-mail* _____

Name of the Principal/Head of the Institute* _____

Name of the Coordinating Teacher:* _____

Mobile number of the Principal : _____

Mobile number of the Coordinating Teacher: _____

Preferred month for exam: August September

Medium* English Hindi Gurmukhi

I agree to all the terms and conditions for the Olympiad. (For details click Terms and Conditions).

Signature of the Coordinating teacher

Signature of the Principal
(School Seal)

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NOTE FOR SCHOOLS:

- Once we receive the school registration form, we will send a unique ID to the school.
- On receipt of this school ID, school will have to send us two lists, duly completed as detailed below.
- List 1 and List 2 should necessarily be sent to Saevus Mumbai office by 31st July, 2016

Please attach the LIST 1 of registered students who have paid their participation fees (separate sheet for each class) as per the following 'Format':

Sr. No.	Name of the Student (in BLOCK LETTERS)	Class

Please attach the List 2 of students who have paid their reference booklet fee (separate sheet for each class) as per the following Format:

Sr. No.	Name of the Student (in BLOCK LETTERS)	Class

NOTE: All fields marked with (*) are compulsory.