



UNIFIED CYBER OLYMPIAD – 2017

Date of Exam : 11-10-2017 (Wednesday)



UNIFIED COUNCIL

INDIA'S 1st ISO 9001:2008 Certified Organisation in Testing & Assessment

SCHOOL REGISTRATION FORM

School's Name : _____

School's Address : _____

Place _____ District _____

State _____ Pin Code _____

School's Phone Number(s) : _____
(with STD code)

E-mail : _____

Name of the Principal (Mr. Ms.) : _____ *Mobile No. _____

Name of the Teacher-In-Charge (Mr. Ms.) : _____ *Mobile No. _____

Syllabus followed : _____
(CBSE/ICSE/State Board / other (please specify))

D. D. No. _____ Name of the Bank : _____ Amount : _____

Unified Council's
Regional Co-ordinator's ID No. & Name
(if he/she has approaches) : _____

Class	II	III	IV	V	VI	VII	VIII	IX	X	Total no. of students
No. of students participating										
No. of students opting set of 4 M.Q.P.										

Signature of the Teacher-In-Charge

Signature of the Principal
with seal of the school

* Essential for a better service. All updates are made through SMS.

Please turn overleaf

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Registration format for schools – UCO – 2017

S.No.	Name of the Student	Father's Name	Class (Numeric)	M.Q.P.Required (Yes/No)

Note: ♦ Please use photocopies of this page for more number of students.
♦ If possible please send the above list of students as an excel file to support@unifiedcouncil.com to help us to issue error-free hall tickets and certificates.