



UNIFIED CYBER OLYMPIAD – 2019

Please tick [✓] to select any one date for the exam.

Date of Exam : 17 - 09 - 2019 (Tuesday)

Date of Exam : 01 - 10 - 2019 (Tuesday)



UNIFIED COUNCIL

INDIA'S 1st ISO 9001:2015 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))

Payment transfer details – Bank Ref. No. : _____ Amount : _____ Date : _____

or

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

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

Class	2	3	4	5	6	7	8	9	10	Total no. of students
No. of students participating										
No. of students opting OPP										

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 – 2019

S.No.	Name of the Student	Father's Name	Class (Numeric)	OPP (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.