



# International KANGAROO LINGUISTIC CONTEST



## CORRECTION/REPLACEMENT FORM

IKLC INSTITUTION CODE:

INSTITUTION'S NAME

*(If correction required):*


INSTITUTION'S POSTAL ADDRESS

*(If correction required):*

TEHSIL	
DISTRICT	
PHONE (S)	
FAX	
E MAIL	

OFFICIAL TITLE OF THE INSTITUTION'S BANK ACCOUNT FOR HONORARIUM

*(If correction required):*


CLASS WISE SUMMARY OF STUDENTS TO BE REGISTERED

*(If correction required):*

LEVEL	CLASS		NO. OF STUDENTS (in figures)
PRE ECOLIER	01	ONE	
	02	TWO	
ECOLIER	03	THREE	
	04	FOUR	
BENJAMIN	05	FIVE	
	06	SIX	
CADET	07	SEVEN	
	08	EIGHT/O LEVEL-I	
JUNIOR	09	NINE/O LEVEL-I & II	
	10	TEN/O LEVEL-II & III	
STUDENT	11	ELEVEN/O LEVEL-III & A LEVEL-I	
	12	TWELVE/A LEVEL-I & II	
	13	THIRTEEN/A LEVEL-II/BA/BS/BCS-I	
TOTAL NO. OF STUDENTS			



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**STUDENT(S) CORRECTION FORM** *(If required)*

<b>S.NO.</b>	<b>ROLL NO.</b>	<b>STUDENT'S NAME</b>	<b>FATHER'S NAME</b>	<b>CLASS (If change)</b>

**REMARKS:** \_\_\_\_\_

**SIGNATURES & STAMP  
PRINCIPAL /HEAD OF THE INSTITUTION**



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**STUDENT(S) REPLACEMENT FORM** *(If required)*

S.NO.	ROLL NO.	REPLACEMENT FROM			REPLACEMENT TO		
		STUDENT'S NAME	FATHER'S NAME	CLASS	STUDENT'S NAME	FATHER'S NAME	CLASS

**REMARKS:** \_\_\_\_\_

**SIGNATURES & STAMP**  
PRINCIPAL /HEAD OF THE INSTITUTION