REGISTRATION FORM 2021

INSTRUCTIONS & IMPORTANT DEADLINES.

- I. Please fill all the columns with Black/Blue permanent ink in Capital letters only.
- II. A separate registration page (Page 04 of registration form) may be used for each participating class. (Don't register the names of students from multiple classes on one page).
- III. Minimum Participation of 10 students from a participating class is MUST. There is no maximum limit.
- IV. The last date of submitting registration form is **OCTOBER 15, 2021** with normal fee, after this date the institutions can register by paying **late fee of Rs. 5,000** (per institution) till **OCTOBER 18, 2021** and by paying **double late fee of Rs. 10,000** (per institution) till **OCTOBER 20, 2021**. Thereafter no registration will be accepted.
- V. The Contest will be held on **Thursday**, **NOVEMBER 18**, **2021**. **(10:00 AM.)**
- VI. The participation fee is **Rs. 800/-** per participant, which can be paid through Bank Draft/Pay Order, drawn in favour of **CREATIVE LEARNING**.

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The fee can also be directly transferred to our A/C: **CREATIVE LEARNING**, A/C No: **22647901466303**, IBAN: **PK76 HABB 0022647901466303**, Bank Name: **HABIB BANK LIMITED**, Branch: **Z BLOCK**, **DHA**, **LAHORE**.

- VII. The registration fee once paid is non-refundable and non-transferable.
- VIII. The registration forms complete in all respect should be sent to the following Postal Address:

CREATIVE LEARNING

18th International Kangaroo Linguistic Contest 2021 1st Floor, G-2, Commercial Area, Phase – I Defence Housing Authority, Lahore Cantt 54792

IX. All particulars in the registration form must be filled as illustrated below. Variation from the format can result in the rejection of registration.

S.NO.	STUDENT'S PARTICULARS							
		First Name	HASSAN					
	STUDENT'S	Middle Name	BIN					
		Last Name	WALEED					
		First Name	WALEED					
	FATHER'S	Middle Name	AHMED					
		Last Name	MASHWANI					

For any further assistance, you can contact **Creative Learning** office by e-mail at info.iklc@kangaroo.org.pk, phone: +92-42-35744666, +92-42-35692728 and cell: +92-324-4219999, +92-321-8882252, +92-321-9311119.

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1. INSTITUTION'S DET	
INSTITUTION'S NAM	MF:
	, <u></u>
INSTITUTION'S POS	TAL ADDRESS:
TEHSIL	
DISTRICT	
PHONE (S)	
FAX	
E-MAIL	
2. PRINCIPAL'S CONT	TACT DETAILS (FIRST CONTACT)
FIRST NAME	
MIDDLE NAME	
LAST NAME	
CELL NO.	
OFFICE PHONE NO.	
E-MAIL	
	CONTACT DETAILS (SECOND CONTACT) ominate an official to coordinate and to correspond in the absence of Principal.
FIRST NAME	
MIDDLE NAME	
LAST NAME	
CELL NO.	
OFFICE PHONE NO.	
E-MAIL	
4. COURIER & MAIL (OPTIONS: Service TCS Registered or UMS

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5. DETAIL OF REGISTERED STUDENTS.

Class-wise summary of students to be registered:

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

6. UNDERTAKING.

ı	h ~	، دما م	certify	
ı	ner	ebv	ceruiv	unat.

1.I undertake the full responsibility to act as a Chief Examiner for the written test of 18 th IKLC 2021 and to conduct t	the
exam following the IKLC code of conduct and by making all necessary examination arrangements at our instituti	ior
maintaining the international standards and ensuring the secrecy & transparency of the written test.	

2.	I also assure that my institution will fully abide by IKLC code of conduct, all rules	s, regulations an	d instructions o	f the
	IKLC being enforced time to time.			

3.	also	certify	that	- 1	have	enclosed	Deposit	Slip/Bank	Draft/Pay	Order	in	original	bearing	No:
_						Dated:		amou	unting to Rs	. (in fig	ures)			as a
r	egistrat	ion fee f	or tota	Ιn	umber	of	students	as mentione	ed in above	summar	y @	Rs.800	per stude	ent in
fa	avour o	f CREAT	IVE LE	ΑΙ	RNING	i .								

OR

Deposit Slip/Bank Draft/Pay Order in original PLEASE ATTACH HERE

SIGNATURES & STAMP
PRINCIPAL /HEAD OF THE INSTITUTION

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STUDENTS REGISTRATION SHEET FOR THE CLASS

A separate registration page may be used for each participating class. Don't register the names of students from multiple classes on one page. Please fill the particulars of students very carefully according to your institution's office record using capital letters. These particulars will appear on the certificates/mark sheets. Any change requested therein after the issuance of result/certificates will be subject to the payment of a fee of Rs. 1200 per document.

S.NO.	STUDENT'S PARTICULARS							
		First Name						
	STUDENT'S	Middle Name						
		Last Name						
		First Name						
	FATHER'S	Middle Name						
		Last Name						
		First Name						
	STUDENT'S	Middle Name						
		Last Name						
		First Name						
	FATHER'S	Middle Name						
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	STUDENT'S	Middle Name						
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		First Name						
	FATHER'S	Middle Name						
		Last Name						