



INTERNATIONAL KANGAROO LINGUISTIC CONTEST

in collaboration with *KGL Contest English Olympiad*

REGISTRATION FORM

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 2, 2024** with normal fee, after this date the institutions can register by paying **late fee of Rs. 5,000** (per institution) till **October 4, 2024** and by paying **double late fee of Rs. 10,000** (per institution) till **October 7, 2024**. Thereafter no registration will be accepted.

- V. There are following rounds:

Contest Date (In-class paper based examinations)	Nov. 14, 2024
KGL Stage II (In-class online examinations)	Mar. 17-20, 2025
Global Event (Greece)	Oct. 3-5, 2025

- VI. The participation fee is **Rs. 1100/-** per participant, which can be paid through Bank Draft/Pay Order, drawn in favour of **CREATIVE LEARNING SERVICES**.

OR

The fee can also be directly transferred to our A/C: **CREATIVE LEARNING SERVICES**, NTN: **B408028**, A/C No: **18587901695803** IBAN: **PK82 HABB 0018 5879 0169 5803**, Bank Name: **HABIB BANK LIMITED**, Branch: **H-BLOCK, DHA, PHASE - I, LAHORE**.

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

CREATIVE LEARNING SERVICES

International Kangaroo Linguistic Contest 2024
1st Floor, G-2, Commercial Area, Phase - I
Defence Housing Authority, Lahore Cantt. 54792
Phone: +92-42-35744666, +92-42-35692728

- 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 NAME	FATHER'S NAME
1	HASSAN BIN WALEED	WALEED AHMED MASHWANI

For any further assistance, you can contact Creative Learning Services:

Email: info.iklc@kangaroo.org.pk

Office: +92-42-35744666, +92-42-35692728

Cell: +92-321-8882252, +92-324-4219999, +92-321-9311119



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1. INSTITUTION'S DETAILS

IKSC INSTITUTION CODE:

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(Last Year's 5 digits Unique Institution Code for IKLC)

INSTITUTION'S NAME:

INSTITUTION'S POSTAL ADDRESS:

Tehsil	
District	
Phone (s)	
Fax	
Email	

OFFICIAL TITLE OF THE INSTITUTION'S BANK ACCOUNT FOR HONORARIUM

2. PRINCIPAL'S CONTACT DETAILS (FIRST CONTACT)

First Name	
Middle Name	
Last Name	
Cell No.	
Office Phone No.	
Email	

3. COORDINATOR'S CONTACT DETAILS (SECOND CONTACT)

Institution must nominate an official to coordinate and to correspond in the absence of Principal.

First Name	
Middle Name	
Last Name	
Cell No.	
Office Phone No.	
Email	

ACCOUNT TITLE FOR COORDINATOR'S CASH AWARD (if no. of students 101 or above)

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4. CONTEST OPTIONS (Please tick any one):

Paper Based

Online



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5. DETAILS OF REGISTERED STUDENTS (Class-wise summary of students to be registered):

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	
TOTAL NO. OF STUDENTS			

6. UNDERTAKING

I hereby certify that:

- I undertake the full responsibility to act as a Chief Examiner for the paper based and online rounds of IKLC 2024 and to conduct the exam following the IKLC code of conduct and by making all necessary examination arrangements at our institution maintaining the international standards and ensuring the secrecy & transparency of the written test.
- I also assure that my institution will fully abide by IKLC code of conduct, all rules, regulations and instructions of the IKLC being enforced time to time.
- I also certify that I have enclosed Deposit Slip/Bank Draft/Pay Order in original bearing No: _____ dated: _____ amounting to Rs. (in figures) _____ as a registration fee for total number of _____ students as mentioned in above summary @ **Rs. 1100** per student in favour of **CREATIVE LEARNING SERVICES**.

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

A/C Title: CREATIVE LEARNING SERVICES

NTN: B408028

A/C No: 18587901695803

IBAN: PK82 HABB 0018 5879 0169 5803

Bank Name: HABIB BANK LIMITED, Branch: H-BLOCK, DHA, PHASE - I, LAHORE.

SIGNATURES & STAMP
PRINCIPAL /HEAD OF THE INSTITUTION

