Lousing Chaphu

Form Number: _____

High School Mathematics Competition 2019 (For official use only)

(under the aegis of Private Schools' Development Council, Thoubal)

Registration Form

Name (in capital letters)	:	
Father's name:		Affix a recent
Mother's name:	passport size	
Date of birth: DD/MM	YYYYY Gender: Category:	colour photograph
Additional subject (e.g.,	Higher Mathematics):	
Mobile no.:	Email address:	
Address for corresponder	ice:	
Name and address of the	school:	
Mathematics teacher(s):		
I hereby declare that all	the information given here are correct to the	best of my knowledge.
Signature of the candida	Declaration by the Head of the Sc	hool
	Declaration by the Head of the Sc	1001
,		
	Class X in the academic session 2019-20. The	,
candidature in this com	petitive examination conducted by Lousing C	naphu.
Signature and seal of th	e Head of the school	
(under	Lousing Chaphu High School Mathematics Competition the aegis of Private Schools' Development Co Admit Card	
Name:		
Father's/Mother's name:		
Date of birth: DD/MM	YYYYY Gender: Category: _	Affix a recent passport size
Roll Number (for official	use only):	
Date of examination: 2	October 2019 (Wednesday)	
Time of examination: 10	am to 12 noon (2 hours)	
Examination centre: Far	ncier Higher Secondary School, Thouba	l Wangmataba, Thoubal

Signature of the candidate

Signature of the issuing authority