



## ADDITIONAL STUDENT'S REGISTRATION FORM

Please fill in CAPITAL letters.

IKMC INSTITUTION CODE:

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INSTITUTION NAME	
ADDRESS	
PHONE/CELL NO. (S)	
PRINCIPAL'S NAME	
CELL NO.	
E-MAIL	

**Previous** Deposit Slip/Bank Draft/Pay Order No: \_\_\_\_\_ Dated: \_\_\_\_\_

amounting to Rs. (in figures) \_\_\_\_\_ as registration fee for total number of \_\_\_\_\_ students.

**New** Deposit Slip/Bank Draft/Pay Order in original bearing No: \_\_\_\_\_ Dated: \_\_\_\_\_

amounting to Rs. (in figures) \_\_\_\_\_ as registration fee for total number of \_\_\_\_\_

new students @ Rs.1000/= per student in favour of **CREATIVE LEARNING**.

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



International  
**KANGAROO MATHEMATICS CONTEST**  
Kangourou Sans Frontières - PAKISTAN

<b>S.NO.</b>	<b>STUDENT'S NAME</b>	<b>FATHER'S NAME</b>	<b>CLASS</b>