



INTERNATIONAL KANGAROO MATHEMATICS CONTEST

in collaboration with **WMI**



CORRECTION/REPLACEMENT FORM

INSTITUTION'S DETAILS

IKMC INSTITUTION CODE:

INSTITUTION'S NAME *(If correction required)*:

INSTITUTION'S POSTAL ADDRESS *(If correction required)*:

TEHSIL		DISTRICT	
PHONE (S)		E Mail	

OFFICIAL BANK TITLE OF THE INSTITUTION'S BANK ACCOUNT FOR HONORARIUM

(If correction required)

PRINCIPAL'S CONTACT DETAILS

(If correction required)

NAME			
CELL NO.		E MAIL	

COORDINATOR'S CONTACT DETAILS

(If correction required)

NAME			
CELL NO.		EMAIL	



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

S.NO.	ROLL NO.	STUDENT'S NAME	FATHER'S NAME	CLASS (If change)

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