



World Mathematics Invitational 2026



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 the same 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 **March 10, 2026** with normal fee, after this date the institutions can register by paying **late fee of Rs. 5,000** (per institution) till **March 13, 2026** and by paying **double late fee of Rs. 10,000** (per institution) till **March 17, 2026**. Thereafter no registration will be accepted.
- V. There are following rounds:

Contest Date (In-class paper based examinations) **April 02, 2026**
Global Event **July, 2026**

- 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: **PK82HABB0018587901695803**, 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 respect should be sent to the following Postal Address:

CREATIVE LEARNING SERVICES
World Mathematics Invitational Contest 2026
1st Floor, G-2, Commercial Area, Masjid Chowk, Phase I
Defence Housing Authority, Lahore Cantt. 54792
Phone: +92-42-5744666, +92-42-5692528

- 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** office by email at info@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 DETAILS

INSTITUTION CODE: (Last year's 5 digit Institution Code allotted by CLS)

INSTITUTION'S NAME:

<input type="text"/>
<input type="text"/>

INSTITUTION'S POSTAL ADDRESS:

<input type="text"/>
<input type="text"/>
<input type="text"/>

TEHSIL	<input type="text"/>
DISTRICT	<input type="text"/>
PHONE (S)	<input type="text"/>
FAX	<input type="text"/>
E-MAIL	<input type="text"/>

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

<input type="text"/>
<input type="text"/>
<input type="text"/>

2. PRINCIPAL'S CONTACT DETAILS (FIRST CONTACT)

FIRST NAME	<input type="text"/>
MIDDLE NAME	<input type="text"/>
LAST NAME	<input type="text"/>
CELL NO.	<input type="text"/>
OFFICE PHONE NO.	<input type="text"/>
E-MAIL	<input type="text"/>

3. COORDINATOR'S CONTACT DETAILS (SECOND CONTACT)

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

FIRST NAME	<input type="text"/>
MIDDLE NAME	<input type="text"/>
LAST NAME	<input type="text"/>
CELL NO.	<input type="text"/>
OFFICE PHONE NO.	<input type="text"/>
E-MAIL	<input type="text"/>
Bank Account Title For Coordinators' Cash Award (if no. of students 101 or above)	
<input type="text"/>	

4. CONTEST OPTIONS FOR NATIONAL ROUND (Please tick any one):

Paper Based

Online



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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	
	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:

1. I undertake the full responsibility to act as a Chief Examiner for the written test of WMI 2026 and to conduct the exam following the CLS 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.

2. I also assure that my institution will fully abide by CLS code of conduct, all rules, regulations and instructions of the CLS being enforced time to time.

3. 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**.

OR

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

A/C Title: **CREATIVE LEARNING SERVICES**

A/C No: **18587901695803**

IBAN: **PK82HABB0018587901695803**

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

NTN: **B408028**

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. 1,500/- per document.