School Level
IT Competition

SWAMI VIVEKANAND SARASWATI VIDYA MANDIR

Rajendra Nagar Sector – 3, Sahibabad, Ghaziabad, U.P-201005

2nd School Level IT Competition

Registration Form class - IX

Paste your Latest Photograph.

Name:

Class & Section: **Roll No:** **Sr. No:**

Guardian's Name:

Mobile: (**If Possible WhatsApp Number**)

Email ID:

My child would like to Participate in 2nd School Level IT Competition for class _ _ _ _ _ & I hereby Declare that all the above mentioned details are true in My Knowledge. I have read and understood the terms of Participation governing the 2016-17 IT Competition and agree that I and my child shall abide by them.

Date: _ _ /_ _ /2016

Student's Signature: _____ Guardian's Signature: _____

For more information: **0120-4132236, 4103538 , www.svsvm.org/slit , swamivsvm@gmail.com**