





## SWAMI VIVEKANAND SARASWATI VIDYA MANDIR

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

## 2<sup>nd</sup> School Level IT Competition

## **Registration Form class - X**

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 2<sup>nd</sup> 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