



Registration Form Maths Competition 2023

INSTRUCTIONS & IMPORTANT DEADLINES

- I. Please fill all the columns with Black/Blue permanent ink in Capital letters only.
- II. A separate registration page may be used for each participating class. (Don't register the names of student from multiple classes on the same page).
- III. Minimum Participation of 10 students from a participation class is MUST. There is no maximum limit.
- IV. The last date of submitting registration form is October 10, 2023 with normal fee.
- V. The Contest will be held on Tuesday, November 28, 2023 (10:00 AM)
- VI. The participation fee is Rs. 1000/= per participant which can be paid through Bank Draft/Pay Order, drawn in favour of EduFocus (SMC Pvt. Ltd)
- 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.

EduFocus (SMC Pvt. Ltd)
Office # 7, First Floor, Satti Mansion, F-10 Markaz Islamabad.



INSTITUTION'S DETAILS
GIGNO INSTITUTION CODE:
INSTITUTION'S NAME:

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INSTITUTION'S POSTAL ADDRESS

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| TEHSIL | |
| DISTRICT | |
| PHONE (S) | |
| FAX | |
| E-MAIL | |

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

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2. PRINCIPAL'S CONTACT DETAILS (FIRST CONTACT)

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|-------------------------|--|
| FIRST NAME | |
| MIDDLE NAME | |
| LAST NAME | |
| CELL NO. | |
| OFFICE PHONE NO. | |
| E-MAIL | |

3. COORDINATOR'S CONTACT DETAILS (SECOND CONTACT)

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

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|-------------------------|--|
| FIRST NAME | |
| MIDDLE NAME | |
| LAST NAME | |
| CELL NO. | |
| OFFICE PHONE NO. | |
| E-MAIL | |

Account Title For Coordinators' Cash Award

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Detail of Registered Students.

Class-wise summary of students to be registered:

| Level | Class | | No. of students (in figures) |
|------------------------------|-------|-----------------------------------|---------------------------------|
| gigno Roses | 01 | ONE | |
| | 02 | TWO | |
| gigno Climbers | 03 | THREE | |
| | 04 | FOUR | |
| gigno Leapers | 05 | FIVE | |
| | 06 | SIX | |
| gigno Cadets | 07 | SEVEN | |
| | 08 | EIGHT / O LEVEL-I | |
| gigno Stars | 09 | NINE / O LEVEL-I & II | |
| | 10 | TEN / O LEVEL - II & III | |
| gigno Wolves | 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 1st gigno 2023 and to conduct the exam following the gigno 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 gigno code of conduct, all rules, regulations and instructions of the gigno 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. 1000/= per student in favour of EduFocus (SMC Pvt. Ltd)

OR

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

A/C Title: EduFocus (SMC Pvt. Ltd)

IBAN: PK82ALFH5530005001812426

Bank Name: Bank Alfalah

