

STUDENT LIST



AMBITIOUS CHILDREN APTITUDE TEST

SCHOOL NAME:

Class

PLEASE WRITE NAMES IN BLOCK/CAPITAL LETTERS ONLY.

S. No.	NAME OF THE STUDENT	PARENT'S NAME	D.O.B.	Mobile No.	Amount Paid
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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35					
36					
37					
38					
39					
40					

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SCHOOL NAME:

Class

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S. No.	NAME OF THE STUDENT	PARENT'S NAME	D.O.B.	Mobile No.	Amount Paid
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
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61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
				TOTAL	

Instructions:

1. In case the number of students willing to participate in any class exceeds the page take a photocopy of the page.
2. Make separate class wise list.



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SCHOOL REGISTRATION FORM

School's Name : _____

School's Address : _____

Place _____ District _____

State _____ Pin Code _____

School's Phone Number (s) _____
(with STD code)

E-mail. _____

Name of the Principal (Mr. Ms.): _____ *Mobile No. _____

Name of the Teacher-In-Charge (Mr. Ms.): _____ *Mobile No. _____

Syllabus followed _____

(CBSE/ICSE/State Board / other (please specify))

Class	II	III	IV	V	VI	VII	VIII	IX	X
No. of students participating									

Total no. of
students

Total
Amount

Signature of the Teacher-In-Charge

Signature of the Principal
with seal of the school