



Olympiad Aptitude Test (OAT-2016-17)

Student Registration Form (Olympiad Aptitude Test- 2016-17)

- This form should not be crushed or folded.
- Fill form in Capital Letter
- All fields are compulsory.

For Office use only:

ABP Code:
Student Enrollment Number:

Name: _____

Class: _____

Section: _____

Roll No: _____

School Name: _____

City: _____

Gender: _____

Medium: _____

Parents/ Guardian Name: _____

Phone No.: _____

Email: _____

Percentage of Marks/ Grade in last class: _____

My Child would like to participate in Olympiad Aptitude Test (OAT) : _____

Fee of INR 225 for Olympiad Aptitude Test (OAT): 2016-17

I hereby declare that all details mentioned above are true to the best of my knowledge. I have read and understood the terms of participation governing the Olympiad Aptitude Test and agree that I and my child abide by them.

Date: _____

Student Signature: _____

Parents Signature: _____