

IBT 2018 SCHOOL REGISTRATION FORM

Please complete all sections of this form.

School Name:

Principal Name:

Principal Mobile:

Principal Email ID:

Coordinator Name:

Coordinator Mobile:

Coordinator
Email ID:

School Address:

State:

Pincode:

Curriculum:

School Email ID:

Instructions: Record the Total Number of tests from each grade per subject against the columns provided for each grade.

English	Mathematics	Science	Reasoning
Grade 3	Grade 3	Grade 3	Grade 3
Grade 4	Grade 4	Grade 4	Grade 4
Grade 5	Grade 5	Grade 5	Grade 5
Grade 6	Grade 6	Grade 6	Grade 6
Grade 7	Grade 7	Grade 7	Grade 7
Grade 8	Grade 8	Grade 8	Grade 8
Grade 9	Grade 9	Grade 9	Grade 9
Grade 10	Grade 10	Grade 10	Grade 10
TOTAL	TOTAL	TOTAL	TOTAL

TOTAL REGISTRATION:
TOTAL AMOUNT:

Please make the payment by Demand Draft or Cheque payable to *Australian Council for Educational Research India*.

Bank:

DD/Cheque No:

Amount:

Date:

Please save the file before closing- go to the File menu, click "Save As", enter your School Name as part of the file name.