Institution Data Form

# Institution Name:

**Postal Address:**

Email: Contact #

# Head of Institution:

Name: Contact #

# Coordinator/Teacher (Contest Organization)

Name: Contact # Name: Contact #

UNDERTAKING

I herebycertify and undertake that:

1. I have read and understood the above mentioned rules and regulations.
2. The particulars provided by me through this registration form are true and I take full responsibility for the correctness and accuracy of the information provided.
3. I also certify that I have enclosed Bank draft / Pay order/ Cross Cheque in original bearing

No: Dated Amounting to Rs.(In Figures) as a registration fee for a total number of students as mentioned in above summary in favour of Community Development Council.

Note: In case of online transfer or Easypaisa, kindly attach printout of screenshot.

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SIGNATURES & STAMP HEAD OF THE INSTITUTION

Date of Submission: