****

**International Contests Center**

**Copernicus Olympiad - USA**

**R**EGISTRATION **F**ORM **2**024

FILL ALL THE COLUMNS WITH **CAPITAL LETTERS** ONLY

|  |  |
| --- | --- |
| DATE |  |
| CONTEST |  | E.g.: Mathematics |
| 1. INSTITUTION’S DETAILS
 |
| INSTITUTE NAME |  |
| INSTITUTE POSTAL ADDRESS |  |
| PHONE NO. |  | DISTRICT |  |
| 1. **PRINCIPAL’S CONTACT DETAILS**
 |
| NAME |  |
| CELL NO.  |  | LANDLINE NO. |  |
| EMAIL |  |
| 1. **COORDINATOR’S CONTACT DETAILS**

The institution must nominate an official to coordinate & correspond in the absence of the principal. |
| NAME |  |
| CELL NO. (1) |  | 2. (If any) |  |
| LANDLINE NO. |  | EMAIL |  |
| **Account Title for Coordinators’ Cash Award** (*if no. of students 50 or above*) |
| ACCOUNT TITLE:  |
| 1. **PLEASE TICK THE SUITABLE ONE BELOW FOR EXAM PAPERS:**
 |
| **Courier & Mail Options:** | TCS | GPO (UMS)  |
|  |
| *Deposit slip/ Bank-draft/ Cheque/ Pay order in Original****PLEASE ATTACH HERE***ACCOUNT TITLE: **INTERNATIONAL CONTESTS CENTER**A/C NO: **02830108563155**IBAN: **PK46MEZN0002830108563155**BANK: **MEEZAN BANK LIMITED**BRANCH: **MAIN BOULEVARD DHA, LAHORE** NTN #: **A779256-0** |

**Student Registration Form**

* Please fill in the student information carefully as per your institution's office record using **CAPITAL LETTERS ONLY.**
* These particulars will appear on the student’s certificates/reports.
* If the number of students exceeds the given **form,** please attach another page of the **student registration form**.
* NO student can be Replaced/Exchanged once registered.

|  |
| --- |
| **CLASS/GRADE EQUIVALENT TABLE** |
| 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 |
| TWO | THREE | FOUR | FIVE | SIX | SEVEN | EIGHT/O LEVEL-I | NINE/O LEVEL-I & II | TEN/O LEVEL-II & III | ELEVEN/O LEVEL-III & A LEVEL-I | TWELVE/A LEVEL-I & II |

|  |  |
| --- | --- |
| **STUDENT PARTICULARS**  | *(ALL COLUMN ARE MANDATORY TO FILL)* |
| **Sr.** | **Student Name** | **Father name** | **D.O.B** | **Class** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |
| 21 |  |  |  |  |
| 22 |  |  |  |  |
| 23 |  |  |  |  |
| 24 |  |  |  |  |
| 25 |  |  |  |  |
| 26 |  |  |  |  |
| 27 |  |  |  |  |
| 28 |  |  |  |  |
| 29 |  |  |  |  |
| 30 |  |  |  |  |

**Instructions & Important Deadlines.**

1. Please fill all the columns with **CAPITAL LETTERS** only.
2. The Contest will be held in Paper-based mode as per **ICC** schedule.
3. The fee for all contests is (for schools **Rs. 1500** per student) (for private students the fee is **Rs. 2000),** which can be paid through Deposit Slip / Bank Draft/Pay Order/Internet Banking, drawn in favor of **INTERNATIONAL CONTESTS CENTER.**
4. Any change requested therein after the confirmation sent through email from ICC will be subject to the payment of a fee of **Rs. 1000/-** for each student.
5. The fee can be directly transferred to our:

|  |
| --- |
| **MEEZAN BANK LIMITED** |
| **ACCOUNT TITLE:** INTERNATIONAL CONTESTS CENTER |
| **IBAN:**  PK46MEZN0002830108563155**A/C NO:**  02830108563155**BRANCH:**  MAIN BOULEVARD DHA, LAHORE **NTN #:** A779256-0 |

1. The registration fee once paid is **non-refundable** and **non-transferable.**
2. The last date of submitting the registration form for:

|  |  |  |
| --- | --- | --- |
| **SR NO.** | **CONTEST** | **LAST DATE OF REGISTRATION** |
|  | **SCIENCE** | 15 SEPTEMBER 2024 |
|  | **PHYSICS & ASTRONOMY** | 15 SEPTEMBER 2024 |
|  | **MATHEMATICS**  | 20 JANUARY 2024 |
|  | **ENGLISH** | 20 JANUARY 2024 |

1. **PAID BANK DEPOSIT SLIP** must be attached along with the registration form.
2. The registration form complete in all respects can be sent by email: ***info@ic******ccenter.com*,** OR by post

to the following Postal Address:

**INTERNATIONAL CONTESTS CENTER (ICC)**

**FF 60-61, Defence Shopping Mall, Opposite Adil**

**Hospital, Lahore Cantt, P.O. Box 54792**

1. For any further assistance, you can contact the **ICC Office** phone: at +92 42 36612109 and cell: +92 300 4266810, +92 324 4222377, or by e-mail at: ***info@ic******ccenter.com.***
2. **Please note:**

A minimum of 05 Students from an Institute can appear.

1. **UNDERTAKING:**

|  |
| --- |
| I/We hereby undertake that:* I undertake the full responsibility to act as a Chief Examiner for the online/written test and to conduct the exam by making all necessary examination arrangements at our institution in conformity with international standards and ensuring the secrecy & transparency of the online/written test.
* A full fee of Rs. \_\_\_\_\_\_\_\_\_\_\_\_ for\_\_\_\_\_\_\_\_\_\_ (No. of Students) Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been deposited in favor of International Contests Center.
 |

**SIGNATURE**

HEAD OF THE INSTITUTION/COORDINATOR