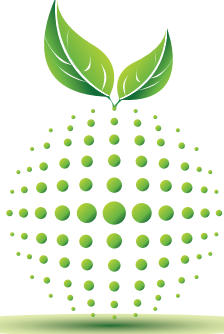


SAEVUS



**Eco-Achievers
Olympiad**

Supported by
Hem Chand Mahindra Foundation

Official Knowledge Partners
भारतीय वन्यजीव संस्थान
Wildlife Institute of India
In association with

classmate

SCHOOL REGISTRATION FORM

Please fill the form in BLOCK LETTERS

Name of School* _____

Complete Postal Address* _____

District and State* _____

Pin Code* _____

Telephone* (Add STD code) _____

Fax _____ E-mail* _____

Name of the Principal/Head of the Institute* _____

Name of the Coordinating Teacher:* _____

Mobile number of the Principal : _____

Mobile number of the Coordinating Teacher: _____

Preferred month for exam: 21st August 25th October

Medium* English Hindi Gurmukhi

I agree to all the terms and conditions for the Olympiad. (For details click Terms and Conditions).

Signature of the Coordinating teacher

**Signature of the Principal
(School Seal)**

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SCHOOL REGISTRATION FORM

NOTE FOR SCHOOLS:

- Once we receive the school registration form, we will send a unique ID to the school.
- On receipt of this school ID, school will have to send us two lists, duly completed as detailed below.
- List 1 and List 2 should necessarily be sent to Saevus Mumbai office by 31st July, 2017

Please attach the LIST 1 of registered students who have paid their participation fees (separate sheet for each class) as per the following 'Format':

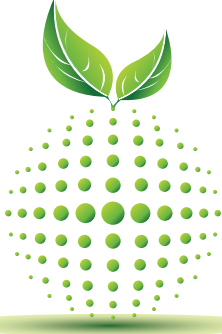
Sr. No.	Name of the Student (in BLOCK LETTERS)	Class

Please attach the List 2 of students who have paid their reference booklet fee (separate sheet for each class) as per the following Format:

Sr. No.	Name of the Student (in BLOCK LETTERS)	Class

NOTE: All fields marked with (*) are compulsory.

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STUDENT REGISTRATION FORM

Please fill the form in **BLOCK LETTERS**

- Yes, I would like my child to participate in the Saevus Natural Capital Olympiad 2017, to be held on 21st August and 25th October in the school premises.

- Please tick
- His/Her participation fee of ₹100 is being paid by cash herewith.
- I would also like to purchase the reference booklet for Std_____. Payment of ₹100

for the same is enclosed herewith.

Student Name* _____

Standard/ Class* _____

Complete Postal Address* _____

District and State* _____ Pin Code* _____

Telephone / Mobile* (Add STD code) _____

E-mail* _____

Signature of the Parent/Guardian

Signature of the Student

NOTE: All fields marked with (*) are compulsory.