

Student Nomination Form

School N	ame:														
School Address:															
Place:								Distric	:t:						
State:				School Phone: email:											
School Mobile															
(With STD (Code) (SMS r	elated to	contest/te	est will be	forwarde	d to the n	nobile n	umber)							
Principal's Name:					Mobile no: _				email:						
Coordinator's Name:					Mobile no:				email:						
Program	Participa	ation: _													
Class	UKG	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	Total	
Nos.															
Sl.	A	Studen	t Name		Class	Sec	Fat	her's N	ame	Moh	ile No		email II	<u> </u>	
51.	Studentivanie				Class	Sec	rather sivanic			MOD	D	2/1/2			
		A TOP I								-	4500				
									1						
	1 JAK	× 10	A. C.							1 ph	3	J.C		/	
		345	164							31	SAR				
2													NE TON		
	7	7										P	/		
	210	Im	The .						/ 3	SG.	W/				
	Ly L										(To	1/2			
	ZL.		inds							0	DE NO	K			
	Gre	ar br									an C				
					Son	me	ter	CI							
<u>Payment</u> l	Details:					<u> </u>				l		<u> </u>			
DD No:			dated		dr	awn on					_Rs				
Online Tr	ansfer:														

Signature of Teacher In-charge

Signature of Principal

Note: Please use photocopies of this page for nominating more student. Send us the above list of nomination in the **excel file** to <u>info@gmccouncil.org</u> to enable us to issue error free certificates.