



1. **School Name**
(Capital Letters)

2. **School Address**
(Capital Letters)

_____ City _____ District _____

3. **School Phone No.**

Phone 1
Phone 2
Fax

4. **School Email**

5. **Principal Name
And Phone**

Phone
Mobile
Email

6. **NCC Incharge
Teacher Name
and Phone**

Phone
Mobile
Email

7. **Important:**

- Minimum Participation of **at least 5 students** from each participating class is **MUST**. The registration of less than 5 students from a class shall be rejected. There is no limit on maximum participation (i.e. can be 50,100, 200 or more students).
- The last date of submitting registration form is **Thursday, November 10, 2016**.
- The Contest will be held on **Friday, December 09, 2016**.
- Medium of Examination (Written Test) for the National Computer Contest (NCC) will be **ENGLISH**.
- The registration forms complete in all respect may be sent at following Postal Address:

Global System for Educational Assessment
14 A, Block G, Office No. 3, 2nd floor, Bilal Arcade,
Near G1 Market, Johar Town, Lahore
Phone: 042-35008950, 0337 49 1919 7

- For any further assistance you can call us at Phone 0337 4919197 or e-mail us at info@gsea.org.pk.



8. Summary of Registered Students:

LEVEL	CLASS		NO. OF STUDENTS
PRE BINARY	1	ONE	
	2	TWO	
BINARY	3	THREE	
	4	FOUR	
FOOBAR	5	FIVE	
	6	SIX	
TROFF	7	SEVEN	
	8	EIGHT/O LEVEL-I	
LEARNER	9	NINE/O LEVEL-II	
	10	TEN/O LEVEL-III	
TOTAL			

9. FEES: A participation fee of **Rs. 700/-** per Student for NCC to meet out cost examination is to be collected by the school/college. The school/college shall retain **Rs. 70/- per Student** of the fee collected towards the honorarium of the incharge, remuneration for teachers to teach/ guide and offsetting miscellaneous expenses.

10. MODE OF PAYMENT: The concerned school should remit **Rs. 630/- per student** of the fee collected to meet out cost of examination vide Demand Draft/Pay order in favour of **Global System for Educational Assessment**.

Please make a **combine DD** in favour of **Global System for Educational Assessment** for all students.

DD No.	Date	For Rs.
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Registration fees paid in the form of Cross Cheques, postal orders and cash etc. shall not be accepted and fee paid is not refundable and non-transferable.

I hereby certify that the above particulars are true and I take the full responsibility for the correctness and accuracy of the information provided in this form.

SIGNATURES & STAMP
PRINCIPAL / HEAD OF THE INSTITUTION



STUDENTS REGISTRATION SHEET

LEVEL: _____

CLASS: _____

Please give correct and legible details for ease of communication/issuance of certificate.

S.NO	PARTICULARS	
	STUDENT NAME (CAPITAL LETTERS)	
	FATHER NAME (CAPITAL LETTERS)	
	STUDENT NAME (CAPITAL LETTERS)	
	FATHER NAME (CAPITAL LETTERS)	
	STUDENT NAME (CAPITAL LETTERS)	
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	FATHER NAME (CAPITAL LETTERS)	

(Additional sheet may be used for more students. Don't add students from different classes on same sheet. Start new sheet for each class)