



## CORRECTION/REPLACEMENT FORM

IKSC INSTITUTION CODE:

--	--	--	--	--

INSTITUTION'S NAME

(If correction required):


INSTITUTION'S POSTAL ADDRESS

(If correction required):

TEHSIL	
DISTRICT	
PHONE (S)	
FAX	
E MAIL	

OFFICIAL TITLE OF THE INSTITUTION'S BANK ACCOUNT FOR HONORARIUM

(If correction required):


CLASS WISE SUMMARY OF STUDENTS TO BE REGISTERED

(If correction required):

LEVEL	CLASS		NO. OF STUDENTS (in figures)
PRE ECOLIER	01	ONE	
	02	TWO	
ECOLIER	03	THREE	
	04	FOUR	
BENJAMIN	05	FIVE	
	06	SIX	
CADET	07	SEVEN	
	08	EIGHT/O LEVEL-I	
JUNIOR	09	NINE/O LEVEL-I & II	
	10	TEN/O LEVEL-II & III	
TOTAL NO. OF STUDENTS			



International  
**KANGAROO SCIENCE CONTEST**



**STUDENT(S) CORRECTION FORM** *(If required)*

S.NO.	ROLL NO.	STUDENT'S NAME	FATHER'S NAME	CLASS (If change)

**REMARKS:** \_\_\_\_\_

**SIGNATURES & STAMP**  
**PRINCIPAL /HEAD OF THE INSTITUTION**



International  
**KANGAROO SCIENCE CONTEST**



**STUDENT(S) REPLACEMENT FORM** *(If required)*

S.NO.	ROLL NO.	REPLACEMENT FROM			REPLACEMENT TO		
		STUDENT'S NAME	FATHER'S NAME	CLASS	STUDENT'S NAME	FATHER'S NAME	CLASS

**REMARKS:** \_\_\_\_\_

**SIGNATURES & STAMP**  
**PRINCIPAL/HEAD OF THE INSTITUTION**