



Himakshara

HIMAKSHARA INTERNATIONAL OUTSTANDING SCHOOL AWARD

REGISTRATION FORM

School/Organization/Institution/Personal Details :

Name of the School :

Postal Address - -

-----Pin Code : -----

Mobile Number(s):

E-mail-;

Name of the Principal/HOI : _____

Mobile Number(s):

E-mail-;

Details of persons coming along with the delegate:

1 _____ (enclose list if necessary with name/age).

Name in English with place(Capital letters) as to be written on the certificate-

I have read and understood the terms and conditions sent along with this Letter of Selection. I accept and agree to abide by with them.

Signature _____

Date _____

Payment Details-

The **Registration fee Rs.20,000/-** to be deposited in the Account of '**HIMAKSHARA**' with **STATE BANK OF INDIA** Account Number **30662148941** IFSCCode **SBIN 00 00 462** and submit scanned receipt with this form.

Note : Kindly take a print out of this form, fill-up with ink-pen/ dot-pen. Scan the copy of the filled up form and send the same to us as attachment to the email. (e-mail ID : himakshararsp@gmail.com)