RATIONALIST TALENT SEARCH EXAMINATION (RTSE)

SCHOOL REGISTRATION FORM

School Name (Capital Letters)

School Address (Capital Letters)

School Ph.No. | STD CODE | PHONE 1 | PHONE 2

School Email

Principals & Name & Ph.No. | NAME | PHONE 1 | PHONE 2

RTSE Incharge Teacher's Name & Ph. No. | NAME | PHONE 1 | PHONE 2

Are you applying directly or through RTSE co-ordinater ?
(Please tick) :
Directly ☐ RTSE co-ordinater ☐ Name of the RTSE Co-ordinater

P.T.O.

Principal's Signature with Date & School Seal.

For more information contact

9890014417, 8421971929 Ph: 02482-224156

PLEASE WRITE NAMES IN BLOCK LETTER ONLY

Minimum Registrations 10 Nos. (Cumulative for all Classes)

No.	Full Name of Students	Class	Div.	Mobile No.

Please attach xerox copies of this form as per your requirement