School Name: _________________________________________________________________

Address: __________________________________________________________________________
__________________________________________________________________________________
City/District: _____________________ State: ____________________ Pin code: _______________
School Phone No: _________________ Email ID: _________________________________________
School Syllabus – CBSE ☐ ICSE ☐ IGCSE ☐ IB ☐ State ☐

School coordinator name: ____________________________________________________________
Mobile number: _______________________ Email ID: _____________________________________

Participant Information (Total number of students in each grade)

Grade 5 total strength [ ] Grade 7 total strength [ ]
Grade 6 total strength [ ] Grade 8 total strength [ ]

Test Date Option 1 _____________________ Test Date Option 2 _____________________

1. Please email signed and stamped forms to the given email ID.
2. All fields are mandatory to be filled.
3. Test material will be allocated basis total number of students mentioned in the form.
4. Test date option 2 will be considered if option 1 is not executed.

For any queries: Call +91 981-975-0035  Email – racetospace@lidolearning.com

Principal/Vice Principal/Trustee  School Seal