

REGISTRATION FORM

Use CAPITAL Letters for filling-up the Registration Form.

OLYMPIAD

STUDENT NAME : _____

CLASS : _____ DATE OF BIRTH: _____

FATHER'S / GUARDIAN NAME: _____

ADDRESS: _____

MOBILE: _____

E-MAIL ADDRESS: _____

NAME OF THE SCHOOL PRESENTLY STUDYING IN: _____

Father's /Guardian's Signature

Signature of the Candidate

Place :

Date :



ADMIT CARD

OLYMPIAD

CLASS : _____

Student's Name: _____

DATE OF EXAMINATION: **Sunday, 9th February, 2025**

VENUE : Ira International School
P-15, MIDC Area , Butibori, Nagpur

Time of Examination: **Class II-V: 9:00 AM – 11:00 AM** **Reporting Time: 8:30 AM**
Class VI-VIII: 12:00 PM – 2:00 PM **Reporting Time: 11:30 AM**



Note: Students must wear their school uniform and school ID cards.
Please bring a writing pad, blue pen, pencil, and water bottle on the day of the examination.
Mobile phones and other electronic devices are strictly prohibited inside the examination hall.

For any queries mail us at admin@irainternationalschool.ac.in or call us at 07103-299105, 7972096761, 8983012527