



# Veeshay Kaushal Math & Science Olympiad (20....-20....)

## Counseling Oral Test Student Registration Form

Student Name:- \_\_\_\_\_

Student Address:- \_\_\_\_\_

Place District:- \_\_\_\_\_

State:- \_\_\_\_\_ Pin Code:- 

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Student Phone Number:- 

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Email:- \_\_\_\_\_

Name of Parents: (Mr.  Ms. ) \_\_\_\_\_

Parents Mob. No.:- \_\_\_\_\_

Name of the Counseling-in-charge:- \_\_\_\_\_

Syllabus followed :( CBSC/State Board/Other (Please Specify):- \_\_\_\_\_

Name of the Bank:- \_\_\_\_\_

Account No.:- \_\_\_\_\_ IFSC CODE \_\_\_\_\_

Account Holder Name:- \_\_\_\_\_

VKIPL Regional co-coordinators ID No. & Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Counseling –in-charge

\_\_\_\_\_  
Signature of the Student

\_\_\_\_\_  
Signature of Account Officer

\*Essential For better Service. All updates are made through SMS

Branch Office:- Near of Police Line Ram Chowk Madhubani (Bihar) 847212  
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