

ENTRY FORM

SRS Vedic Mathematics Academy

12th SRS All Goa Vedic Mathematics Test

Name of the School: _____

Phone No.: _____ E-mail Address: _____

Headmaster/Headmistress Name: _____

Teacher Coordinator: _____ Mobile: _____

Note: We will be forming a temporary WhatsApp group of Teacher Coordinators to facilitate participants in preparation of the test.

The following students of our school will participate in the 12th SRS All Goa Vedic Mathematics Test. (Category 1 – Std. V & VI Category 2 – Std. VII & VIII Category 3 – Std. IX & X)

School can send minimum **3** entries and maximum **18** entries considering all three categories.

S.N.	Name of the Student (in CAPITAL)	Male/ Female	Std.	Category	Mobile	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						

Rs. _____ paid by Cash/Cheque/Online towards total _____ entries (Rs. 200/- per entry)

Please specify transaction code & date if paid through online mode/GPay _____

Note: If school wants to field more than 18 participants, then please send request letter or email for the same.

Date: _____

Seal of the School

Headmaster/Headmistress Signature

*WhatsApp Entry Form to 7261949306 and then mail it to Mr. Sagar Sakordekar,
SRS Vedic Mathematics Academy, H.No. 122, Near Bus Stop, Mangeshi, Mardol, Goa 403404*