

CEATS Office Use Only



Subject:.....

Ref. Code:

School:.....

Date:.....

Follow up Items:

.....

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**Pakistan Educational Assessment
for Schools & Students**

STUDENTS REGISTRATION BOOKLET

Contact Us

CEATS Competitions
Suite No: UM-05, Zainab Tower, Model Town Link Road
Lahore, Pakistan

Tel: +92 42 35942305
Cell: +92 303 0394077

Get in touch

Web: www.ceats.org.pk
E-mail: info@ceats.org.pk
fb: facebook.com/ceats.org.pk

REGISTRATION FORM

Subject

I want to register for above mentioned CEATS Competition with the following details:

Institute's Title of A/C for payment of Honorarium

Date

Institute:

Institute Name

Courier Address

Tehsile

District

Head of Institute:

Mr/ Mrs/Ms.

Designation

Tel

Cell

E-mail

Event Coordinator:

Mr/ Mrs/Ms.

Designation

Tel

Cell

E-mail

Payment Details

Fee: Rs.

No. of Students

Demand Draft / Pay Order / Cross Cheque in Favour of CEATS

Bank

Dated

*Please attach bank receipt in case of online transfer.

SUMMARY OF REGISTRATION

LEVELS OF PARTICIPATION	CLASS/GRADE IN A LEVEL		NO. OF STUDENTS NOMINATIONS
PRE JUNIOR	1	One	
	2	Two	
SUPER JUNIOR	3	Three	
	4	Four	
JUNIOR	5	Five	
	6	Six	
OVATE	7	Seven	
	8	Eight/O Level-I	
ELDER	9	Nine/O Level-II	
	10	Ten/O Level-III	
FIGHTER	11	Eleven/A-Level	
	12	Twelve/A-Level	
TOTAL STUDENTS			NO.
AMOUNT OF FEE PAID			PKR.

REGISTER BY MAIL

Check List

- Full legal names of participants as it appears on certificate.
- Proof of payment. (Original copy of Demand Draft or Cross Cheque)
- Send us complete duly filled registration booklet.
- Functional Email ID for correspondence.
- A copy of registration form for office record.
- A separate student entry sheet for each class. (for additions use its Photocopy)
- The participation fee is **PKR 700/-** per participant. The CEATS accepts payments through Demand Draft / Pay Order /**Cross Cheque Only**/Online Transfer
- Please dispatch original copy of Demand Draft/Pay Order/**Cross Cheque in Favour of CEATS along with Registration Form.**

CHECKED & VERIFIED BY:
 HEAD OF INSTITUTE

STUDENT ENTRY FORM



SUBJECT:

CLASS:

S.NO	NOMINATIONS	
	STUDENT NAME (CAPITAL LETTERS)	
	FATHER NAME (CAPITAL LETTERS)	
	STUDENT NAME (CAPITAL LETTERS)	
	FATHER NAME (CAPITAL LETTERS)	
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DON'T ADD STUDENTS FROM DIFFERENT CLASSES ON SAME SHEET, PLEASE USE PHOTOCOPY FOR OTHER CLASSES.

CHECKED & VERIFIED BY:
EVENT COORDINATOR