

FORM FOR INSTITUTE / SCHOOL

Institute Name/
School Name

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Name of person in
authority -

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Board of studies: -

 ICSE CBSE Others

Year of Establishment: -

Full address: -

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Studies Level: -

 SECONDARY SENIOR SECONDARY

Number of students:

 LESS THAN 1000 1000+

Are you interested in a Certified QMaths Facilitator?

 Yes No

Note: - ALL FIELDS TO BE MADE COMULPSORY