UNIVERSAL TALENT ASSESSMENT ORGANIZATION (UTAO)

CLASS-WISE STUDENTS REGISTRATION FORM

OLYMPIAD EXAMINATIONS: 2025-26

Class / Grade: _____Section (if any): _____

S. No.	Student Full Name	Date of Birth	Gender (M/F)	Parent/Guardian Name	MATHS OLYMPIAD	SCIENCE OLYMPIAD

(Use separate forms for each class/grade. Attach extra sheets if required. PLEASE MARK (✓)FOR PARTICIPATION)

D. CLASS TEACHER / COORDINATOR DECLARATION

I certify that the above-mentioned students belong to the stated class and are eligible to appear for the Olympiad Examination.

- **Name of Class Teacher / Coordinator:** _____
- **Signature:** _____**Date:** _____
- **Contact Number:** _____

Note: Kindly ensure all details are filled correctly. Incomplete forms may lead to rejection of registration.