



SHISHU VIKASH SCHOLARSHIP EXAMINATION 2015

Organised by: Centre for Child Welfare & Social Development

CCWSD

#1075/3165, Shatabdi Nagar, Unit-8, Bhubaneswar-751003, Tel-0674-2565503, M-9938711686

SCHOOL REGISTRATION FORM

School Name : _____

School address : _____

Place : _____ District: _____

Pincode: _____ Ph No: _____

School Phone Number with STD code : _____

e mail : _____

Name of the Headmaster : _____

Mobile No _____

Name of the Teacher-in-charge : _____

Mobile No _____

CCWSD's Regional coordinator name : _____
(If anybody approaches)

Total No of Students _____

No of application form required _____

Place:

Date :

Signature of the Headmaster



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Date :

ACCEPTANCE LETTER

Please write/send your acceptance letter on your school letterpad of Headmaster.

To
the Secretary
CCWSD
Bhubaneswar

Sir, _____

I am _____

Headmaster of _____

address

I accept the Examination centre for the State Level Shishu Vikash Scholarship Examination for the session 2014-2015 and also accept the rules and regulation and principle of the mission and the post of Centre superintendent and after receiving after receiving the help of the officer of the mission shall be able to conduct the said examination to be held on 22.02.2015(Sunday) of 10 AM to 12 Noon without corruption.

Signature with Seal

Headmaster of the Institution