Received Rsby D.D./Cash	Medium :
Date	
Cashier	• .

## Application Form for Participation in Regional Mathematical Olympiad, Rajasthan

(National Board for Higher Mathematics, Department of Atomic Energy, Government of India)

	Roll No(Leave Blank)
To, Dr. A. K. Mathur Regional Co-Ordinator INMO Department of Mathematics University of Rajasthan JAIPUR-302 055	AFFIX PHOTO (Passport Size)
Centre preference :	
1	
2	
Full Name and permanent address of the candidate should be given here legibly in capital letters	(To be attested by the Principal)
	Signature of the candidate in full  Jaipur, Ajmer, Alwar, Banswara, Bhilwara, Kota, Sriganganagar, Sikar and Jhunjhunu.

Signature & Seal of the Principal

## PARTICULARS TO BE FILLED IN BY THE CANDIDATE CORRECTLY AND LEGIBLY

1.	Name of the Candida	ate	e de la companya de l	
	(In Capital Letters)	In English		
		in Hindi		
2.	Name of Father		•••••	
3.	Date of Birth			
4.	Name of the School			
	where enrolled in Cla	ass XI/XII		
5.	Details of Class X Exa	amination (attach	marks-sheet)	
Ro	oli No.	Year	School	Board
	<del>.</del>			
	•		•	
6.	Total Marks with per	centage	Marks in Mathema	ıtics
	and the state of t			
7.	Datails of D.D.:			
	No	······································		
	140	•	•••••••	Dated
Nar	ne of the Bank	•		
Bra	nch		······································	
	•		Signature	of the Candidate in full

Note: Please send a self addressed stamped envelope of Rs. 5/- with this form so that Roll Number may be sent at that address.

## REGIONAL MATHEMATICAL OLYMPIAD, RAJASTHAN ADMISSION CARD

## **YEAR** — 200

	Roll No(Leave Blank)
Please admit Miss/Mr	
Son/Daughter of Shri	AFFIX PHOTO
to(Name of Centre leave blank)	(To be attested by the Principal)
JAIPUR  Dated	REGIONAL CO-ORDINATOR, INMO Department of Mathematics University of Rajasthan JAIPUR