SCHOOL REGISTRATION FORM

Markhor Junior Contest • MJC

1. Institution's Details

Institution's Name	
Postal Address	
Tehsil / District	
Phone Number	
Mobile Number	

2. Principal's / H.M. Contact Details (First Contact)

Full Name	
Mobile	
E-Mail Address	
Official Phone No.	

3. Coordinator / Focal Person's Contact Details (Second Contact)

Full Name	
Mobile	
E-Mail Address	
Official Phone No.	

UNDERTAKING

I hereby certify that:

- I undertake the full responsibility to act as an Examiner for the written test MJC to conduct the exam following the standard code of conduct and by making all necessary examination arrangements at our institution, maintaining international standards, and ensuring the secrecy & transparency of the written test.
- I also ensure that my institution will fully abide by the MJC code of conduct, all rules, regulations, and instructions of the MJC being enforced from time to time.

Signature: Name: _____ Designation: _____	**Date:** **Stamp / Seal:**