

Allotted School Code: 

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(To be filled by Resonance Co-ordinator)

## School Participation Consent Form (PCF)

(To conduct STaRT - 9<sup>th</sup> Edition)

### GENERAL TERMS:

- Please fill in all the fields given.
- Get it signed by authorities & E-mail the scanned copy to **mayank@resonance.ac.in** (9352529244).
- The STaRT (9<sup>th</sup> Edition) Co-ordinator will provide a unique 'School Registration Code (SRC)' to you to enable registration of students and allot Roll Nos.
- The complete process of student registration & test conduction shall be followed as given in Guidelines.
- Please retain a photocopy of filled in form & send scan image on given mail-ID.

### FOR RESONANCE OFFICE USE:

- Consent received on (Date): 

D	D	M	M	Y	Y	Y	Y
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- Received From: \_\_\_\_\_  
(Name of Kota or SC BD Co-ordinator/PC)
- Consent Entry Status: Done  Not Done
- Entry Done by: \_\_\_\_\_
- Code Generated on Date: 

D	D	M	M	Y	Y	Y	Y
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- Any other comment: \_\_\_\_\_

### School's Particulars:

Full Name of School:

School Type: Private  Govt  Board Affiliated: CBSE  ICSE  State  Any Other: \_\_\_\_\_

Address: Line-1: \_\_\_\_\_  
Line-2: \_\_\_\_\_  
City/Town: \_\_\_\_\_ District: \_\_\_\_\_  
State: \_\_\_\_\_ PIN Code: 

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Landline 1: STD Code: 0 \_\_\_\_\_ Ph. (1) \_\_\_\_\_ Ph. (2) \_\_\_\_\_

Official e-mail:

### School Principal's Details:

Name:

E-mail ID:

Mobile No.: 0

### School Co-ordinator's Details:

Name:

Designation: 



 Mo. 0 \_\_\_\_\_

E-mail ID:

### Class wise Expected Participation

Class:	5	6	7	8	9	10
Expected Participation:						

Name of School's Authorized Signatory: \_\_\_\_\_ Designation: \_\_\_\_\_

Authorized Signature with Seal		Date:		Place:	
We have read & understood complete details about STaRT & hereby declare our consent for participation of our students in STaRT as per terms & conditions of Resonance					

## Resonance Eduventures Limited

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