



REGISTRATION FORM

1. Name (as per School Identity Card)

2. Gender: Male Female Prefer not to say

3. Date of Birth (DD / MM / YYYY): _____

4. Standard Currently Studying (Academic Year 2026–27)

Class 8 Class 9 Class 10

5. Name of School

6. Name of Parents / Guardian

7. WhatsApp Number

8. Residential Address

9. Preferred Exam Centre (*Tick any one option*)

- Dimapur Town Bokajan Town
- Diphupar
- Chümoukedima Town

Note: If the number of participants at any venue is less than 50, the venue may be cancelled. In such cases, candidates will be allotted the nearest available examination center.

9. Mode of Payment

UPI Cash (Offline)

10. UPI Transaction ID (UTR) _____

Cont...

11. Final Declaration

I confirm that all information provided in this form is true and correct.
I understand that providing incorrect information may lead to cancellation of registration.

Signature of Candidate:

Date: _____

Signature of Parent / Guardian:

Date: _____

For School Verification

This is to certify that the above-mentioned student is currently studying in this institution during the Academic Year 2026–27 and is permitted to participate in Maths Idol 2026.

Principal / Headmaster Seal & Signature

School Seal:
(Affix Official Seal Here)

For The Mentor Consultancy (Office Use Only)

Registration Number: _____

Verified By: _____

Date: _____

For More Details Contact



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www.thementorconsultancy.com/MathsIdol