



REGISTRATION FORM

Recent Passport
Photo

1. Name (as per School Identity Card)

Gender: Male Female Prefer not to say

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

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

Class 8 Class 9 Class 10 Class 11 Class 12

4. Name of School

5. Name of Parents / Guardian

6. WhatsApp Number

7. Residential Address

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

- Dimapur Town
 Diphupar
 Chümoukedima Town UPI Transaction ID (UTR) / Receipt Number

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: _____

Contact Details

 9366900947 | 8413939184

 www.thementorconsultancy.com/MathsIdol