

School Participation Consent Form (PCF)

(To conduct ResoSTEP)

GENERAL TERMS:

1. Please fill in all the fields given.
2. Get it signed by authorities & E-mail the scanned copy to **abid@resonance.ac.in.** & Coordinator mail id: _____
3. The ResoSTEP Co-ordinator will provide a unique 'School Registration Code (SRC)' to you to enable registration of students and allot Roll Nos.
4. The complete process of student registration & test conduction shall be followed as given in Guidelines.

FOR RESONANCE OFFICE USE:

1. Consent received on (Date):

D	D	M	M	Y	Y	Y	Y
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2. Received From: _____
(Name of Kota or SC BD Co-ordinator/PC)
3. Consent Entry Status: Done Not Done
4. Entry Done by: _____
5. Any other comment: _____

School's Particulars:

Full Name of School: _____

School Type: Private Govt Coaching Board Affiliated: CBSE ICSE State Any Other: _____

Medium: English Hindi

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

Landline 1: STD Code: 0 _____ Ph. (1) _____ Ph. (2) _____

Official e-mail: _____

School Principal's Details:

Name of Principal: _____

Principal's E-mail ID: _____

Principal's Mobile No.: 0 _____

School Co-ordinator's Details:

Name of Co-ordinator: _____

Designation: _____ Mo. 0 _____

E-mail ID: _____

Name of School's Authorized Signatory: _____ Designation: _____

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

REG. & CORP. OFFICE: CG Tower, A-46 & 52, IPIA, Near City Mall, Jhalawar Road, Kota (Raj.)-05
JEE (Main) & Pre-Medical Division Office: CG Tower-2, A-51 (A), IPIA, Behind City Mall, Jhalawar Road, Kota
Contact No: 0744-2667788, 2667766, 2667777, 2777744 & 2777888 | **CIN:** U80302RJ2007PLC024029