

in collaboration with SiL Testing System, UK



REGISTRATION FORM

INSTRUCTIONS & IMPORTANT DEADLINES:

- I. Please fill all the columns with Black/Blue permanent ink in Capital letters only.
- II. A separate registration page (Page 04 of registration form) may be used for each participating class. (Don't register the names of students from multiple classes on one page).
- III. Minimum Participation of 10 students from a participating class is MUST. There is no maximum limit.
- IV. The last date of submitting registration form is October 7, 2025 with normal fee, after this date the institutions can register by paying late fee of Rs. 5,000 (per institution) till October 9, 2025 and by paying double late fee of Rs. 10,000 (per institution) till October 11, 2025. Thereafter no registration will be accepted.
- V. The Contest will be held on Thursday, November 13, 2025 (10:00 AM)
- VI. The participation fee is **Rs. 1100/-** per participant, which can be paid through Bank Draft/Pay Order, drawn in favour of **CREATIVE LEARNING SERVICES.**

OR

The fee can also be directly transferred to our A/C: CREATIVE LEARNING SERVICES, NTN: B408028, A/C No: 18587901695803 IBAN: PK82HABB0018587901695803, Bank Name: HABIB BANK LIMITED, Branch: H-BLOCK, DHA, PHASE - I, LAHORE.

- VII. The registration fee once paid is non-refundable and non-transferable.
- VIII. The registration forms complete in all respects should be sent to the following Postal Address:

CLS - International Competitions

International English Subject Contest 2025

1st Floor, G-2, Commercial Area, Phase – I

Defence Housing Authority, Lahore Cantt. 54792

Phone: +92-42-35744666, +92-42-35692728

IX. All particulars in the registration form must be filled as illustrated below. Variation from the format can result in the rejection of registration.

S.NO.	STUDENT'S NAME	FATHER'S NAME
1	HASSAN BIN WALEED	WALEED AHMED MASHWANI

For any further assistance, you can contact Creative Learning Services:

Email: info.iklc@kangaroo.org.pk

Office: +92-42-35744666, +92-42-35692728

Cell: +92-321-8882252, +92-324-4219999, +92-321-9311119





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PRINCIPAL'S CONTACT DETAILS (FIRST CONTACT) First Name Middle Name Last Name Cell No. Office Phone No. Email B. COORDINATOR'S CONTACT DETAILS (SECOND CONTACT) Institution must nominate an official to coordinate and to correspond in the absence of Principal. First Name Middle Name	MOTITICAL	INSTITUTION CODE: (Last Year's 5 digits Unique Institution Code)
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Office Phone No. Email	Last Name	
Email	Cell No.	80%
	Office Phone No.	
ACCOUNT TITLE FOR COORDINATOR'S CASH AWARD (if no. of students 101 or above)	Email	
	AC	COUNT TITLE FOR COORDINATOR'S CASH AWARD (if no. of students 101 or above)
4. CONTEST OPTIONS (Please tick any one):	A CONTEST OF	TIONS (Plages tick gry and):





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5. DETAILS OF REGISTERED STUDENTS (Class-wise summary of students to be registered):

LEVEL		CLASS	NO. OF STUDENTS (in figures)
DDE FOOLIED	01	ONE	
PRE ECOLIER	02	TWO	
FOOLIED	03	THREE	
ECOLIER	04	FOUR	
BENJAMIN	05	FIVE	
BENJAMIN	06	SIX	er the.
CADET	07	SEVEN	000
CADET	08	EIGHT/O LEVEL-I	20 11 10 10
JUNIOR	09	NINE/O LEVEL-I & II	
JUNIOR	10	TEN/O LEVEL-II & III	
STUDENT	11 .	ELEVEN/O LEVEL-III & A LEVEL-I	/ 6
STUDENT	12	TWELVE/A LEVEL-I & II)
	99	TOTAL NO. OF STUDENTS	

6. UNDERTAKING

I hereby certify that:

1.	I undertake the full responsi <mark>bility to act as a Chief Examiner for</mark> the paper <mark>based an</mark> d online rounds of IESC 2025 and to
	conduct the exam following the IESC code of conduct and by making all necessary examination arrangements at our
	institution maintaining th <mark>e international standards and ensurin</mark> g the se <mark>crecy & t</mark> ransparency of the written test.

2. I also assure that my	/ inst <mark>itution w</mark> ill ful	ly ab <mark>ide by IESC</mark>	code of conduc	<mark>t, all r</mark> ules,	regulations ar	nd instructions	of the IESC
being enforced time	to t <mark>ime.</mark>						

3. l	also	certify	that	1	have	enclosed	Deposit	Slip/Bank	Draft/Pay	Order	in	orig	inal	bear	ing	Nc
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R	s. 1100	ner stuc	lent in	favo	our of C	REATIVE	FARNING	SERVICES	:							

Deposit Slip/Bank Draft/Pay Order in original PLEASE ATTACH HERE

A/C Title: CREATIVE LEARNING SERVICES

NTN: **B408028**

A/C No: **18587901695803**

IBAN: PK82HABB0018587901695803

Bank Name: **HABIB BANK LIMITED**, Branch: **H-BLOCK**, **DHA**, **PHASE - I**, **LAHORE**.

SIGNATURES & STAMP

PRINCIPAL/HEAD OF THE INSTITUTION





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STUDENTS REGISTRATION SHEET

FOR THE CLASS____

A separate registration page may be used for each participating class. Don't register the names of students from multiple classes on one page. Please fill the particulars of students very carefully according to your institution's office record using capital letters. These particulars will appear on the certificates/mark sheets. Any change requested therein after the issuance of result/certificates will be subject to the payment of a fee of Rs. 1,500 per document.

S.NO.	STUDENT'S NAME	FATHER'S NAME
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