

School Participation Consent Form (PCF)

(To conduct ResoSTEP)

GENERAL TERMS:

- Please fill in all the fields given.
- Get it signed by authorities & E-mail the scanned copy to **abid@resonance.ac.in.** & Coordinator mail id: _____
- The ResoSTEP 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.

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: _____
- Any other comment: _____

School's Particulars:

Full Name of School:																
School Type	Private	<input type="checkbox"/>	Govt	<input type="checkbox"/>	Board Affiliated	CBSE	<input type="checkbox"/>	ICSE	<input type="checkbox"/>	State	<input type="checkbox"/>	Any Other: _____				
	Coaching	<input type="checkbox"/>	Medium	English	<input type="checkbox"/>	Hindi	<input type="checkbox"/>									
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					

Resonance Eduventures Limited

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