

1. School Name											
2. School Address	City _____ District _____ State _____ Pincode <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
3. School Affiliated to	Board <table border="1"><tr><td></td></tr></table>		4. Total Student Strength of School	<table border="1"><tr><td></td></tr></table>		5. Running Classes upto	<table border="1"><tr><td></td></tr></table>				
6. Name of Trust / Society running the School											
7. GST Number of Trust / Society											
8. School Phone No.	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>						
9. School E-mail											
10. Principal's Name	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table> Phone No. / Mobile No.							
	<table border="1"><tr><td></td></tr></table> Email										
11. MSO Coordinator Name	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table> Phone No. / Mobile No.							
	<table border="1"><tr><td></td></tr></table> Email										
12. MSOGK incharge Teacher's Name	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table> Phone No. / Mobile No.							
	<table border="1"><tr><td></td></tr></table> Email										
13. MSOE incharge Teacher's Name	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table> Phone No. / Mobile No.							
	<table border="1"><tr><td></td></tr></table> Email										
14. MSOS incharge Teacher's Name	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table> Phone No. / Mobile No.							
	<table border="1"><tr><td></td></tr></table> Email										
15. MSOM incharge Teacher's Name	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table> Phone No. / Mobile No.							
	<table border="1"><tr><td></td></tr></table> Email										
16. MSOCS incharge Teacher's Name	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table> Phone No. / Mobile No.							
	<table border="1"><tr><td></td></tr></table> Email										
17. MSOJR Incharge Teacher's Name	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table> Phone No. / Mobile No.							
	<table border="1"><tr><td></td></tr></table> Email										
18. Additional Incharge Teacher's Name	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table> Phone No. / Mobile No.							
	<table border="1"><tr><td></td></tr></table> Email										
19. Additional Incharge Teacher's Name	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table> Phone No. / Mobile No.							
	<table border="1"><tr><td></td></tr></table> Email										

IMPORTANT : Please ensure that all the fields above are filled in BLOCK CAPITALS to ensure accurate communication and correct issuance of certificate

Note : The E-mail ID(s) and / or phone number(s) provided above will be used to communicate important information related to MSO examination, including registration, study material, exam schedule result and other useful updates.

Please select one date for conducting the MSO Olympiads in your school. Change of date will not be permitted, There are separate question papers for different dates. In case date is not selected, last date of exam will be assigned as the default date

20.

MSO General Knowledge (MSOGK)				MSO ENGLISH (MSOE)			
Class	Name of the Teacher	Mobile / Whatsapp Number	Number of Students	Name of the Teacher	Mobile / Whatsapp Number	Number of Students	Class
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11	NA			NA			11
12							
Total number of students -				Total number of students -			
Selected Date of Exam				Selected Date of Exam			

MSO Science (MSOS)				MSO Mathematics (MSOM)			
Class	Name of the Teacher	Mobile / Whatsapp Number	Number of Students	Name of the Teacher	Mobile / Whatsapp Number	Number of Students	Class
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11	NA			NA			11
12							
Total number of students -				Total number of students -			
Selected Date of Exam				Selected Date of Exam			

Please select one date for conducting the MSO Olympiads in your school. Change of date will not be permitted, There are separate question papers for different dates. In case date is not selected, last date of exam will be assigned as the default date

	MSO Computer Science (MSOCS)			MSO Social Studies (MSOSS)			
Class	Name of the Teacher	Mobile / Whatsapp Number	Number of Students	Name of the Teacher	Mobile / Whatsapp Number	Number of Students	Class
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
Total number of students -			Total number of students -				
Selected Date of Exam			Selected Date of Exam				

	MSO Junior (MSOJR)		
Class	Name of the Teacher	Mobile / Whatsapp Number	Number of Students
Nur.			
L.K.G			
U.K.G			
Total number of students			
Selected Date of Exam			

Grand Total No. of Registration

Note : MINIMUM REGISTRATION REQUIREMENT

- 5-10 Registrations - Question Paper will be mailed to school's official email ID
- More than 10 Registrations - Question papers will be couriered to the school.
- Less than 5 Registrations will not be accepted

IMPORTANT:

School in India, Bhutan and Nepal will now Pay ₹ 200 including tax per student to MSO. Schools may charge an additional ₹ 30 per student to cover honorarium for the in-charge teachers remuneration and other expenses. No fee is payable for students with major physical disabilities or for any indian student whose parent was martyred during defence operation.

PLEASE DO NOT PAY CASH

Personal Details of Payer

Name of Payer

Mobile Number MSO School Code

Total Number of Students Total Amount (Rs.)

21. Payment Details

Online Payment

STEP 1



**Scan the QR Code
for
Online Payment**

STEP 2 : Select Payment Method

ORS Payment Through Online Registration System	☐
UPI	☐
Net Banking	☐
Debit Card	☐
Credit Card	☐
Wallet	☐

STEP 3 : Share the following details of the Payment

- Date of Payments
- Mobile Number
- E-mail ID
- UPI ID
- Transaction ID
- TDS if any (Rs.)

Offline & Bank Transfer

STEP 1

**Select Payment
Method**

DD	☐
NEFT	☐
RTGS	☐

STEP 2

Please make DD in favour of Be For
Nation Trust Payable at Patna

PUNJAB NATIONAL BANK (BE FOR NATION)	
IFSC	PUNB0292100
Current A/C No.	2921002100021466
Branch	Rk Avenue, Kadam Kuan, Patna - 3

STEP 3 : Share the following details of the Payments

- Date of Payments
- Mobile Number
- E-mail ID
- UPI ID
- Transaction ID
- TDS if any (Rs.)

Signature : School Olympiad Incharge

Signature : School Principal (With Date and School Stamp)