



Federation of Computer Association Nepal,

sDKo"6/ Pzfl:o:g glkfn.dxf:+3



For Official Use Only	Registration Number		
	District:		Date:

IT Quiz Participant Application

1. College/School Detail:

Name of School	
Address	
Contact Teacher	
Contact Number:	

2. Participant Students:

S.N	Name	Class	Remark
1			
2			
3			

Signature:

Date: