



Chithambara Maths Challenge

சிதம்பரா கணிதப் போட்டி-2017

Australia



Fill all fields in BLOCK CAPITALS.

Exam Date: 05.03.2017 Sunday 09:30 am

Application closing date: 10.02.2017

CANDIDATE'S SURNAME:

Candidate's First Name:

Address:

Post Code:

Candidate's Parent/ Guardian* (* delete as required)

Full Name of Parent/ Guardian*

Email Address:

Home Telephone Number:

Mobile Number:

The year of study: (Please circle)

Year2 Year3 Year4 Year5 Year6 Year7 Year8 Year9

Select (circle) Exam the Center

Sydney Perth

Melbourne

All the above details are correct.

I hereby accept the terms and conditions for my child to participate the cwn11plus competition.

Parent/ Guardian* signature

Notes:

1. Please bring your child photo ID
2. This application can be handed over at the exam center coordinators or email to: cwn11plus@yahoo.co.uk
3. competition membership fee Aus \$10 payable on collection of index number
4. Term and conditions apply. For details, visit www.cwn11plus.co.uk

For more Details and application form please contact:

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