



# LOYOLA ACADEMY OF EXCELLENCE

## CAPACITY BUILDING ASSESSMENT

### SCHOOL REGISTRATION FORM

LAE School Code

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(KINDLY FILL IN ALL THE DETAILS IN CAPITAL LETTERS)

1. School Name

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2. School Address

..... ..... ..... Pincode ..... State _____
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3. School Phone Number

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4. School E-mail

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5. Syllabus Followed

State Board     C.B.S.E     I.C.S.E     OTHERS

6. Principal's Name

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7. Principal's Contact Details

Mobile	E-mail
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8. Staff Coordinator's Name

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9. Coordinator's Contact Details

Mobile	E-mail
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10. Mode of Payment

i) Demand Draft No. \_\_\_\_\_ Bank Name \_\_\_\_\_ Dt. \_\_\_\_\_

ii) Internet Banking Ref No. \_\_\_\_\_

iii) Debit Card / UPI Payment Ref No. \_\_\_\_\_

iv) Cash. \_\_\_\_\_

**Number of Students Participating:**

<b>Class</b>	<b>Name of the Staff In-charge</b>	<b>No. of Students</b>
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
	<b>Total Number of Students</b>	

Signature of the Principal

School Seal