



CogAT XCEL

ROBOTI XCEL



REGISTRATION FORM

INSTRUCTIONS & IMPORTANT DEADLINES:

- I. Please fill all the columns with Black/Blue permanent ink in Capital letters only.
- II. A separate registration page (Page 05 of registration form) may be used for each participating class. (Don't register the names of students from multiple classes on one page).
- III. Minimum Participation of 10 students from a participating class is **MUST**. There is no maximum limit.
- IV. The last date of submitting registration form for CogAT is **November 15, 2024** with normal fee, after this date the institutions can register by paying **late fee of Rs. 5,000** (per institution) till **November 18, 2024** and by paying **double late fee of Rs. 10,000** (per institution) till **November 20, 2024**. Thereafter no registration will be accepted.
- V. There are following rounds:

National Round (CogAtXcel)	November 27, 2024 - Online
Project Submission Deadline (RobotiXcel)	January 27, 2025 - Online
International Round (In Person)	June 1 - 4, 2025
Venue	University of California, Los Angeles, USA
- VI. The participation fee is **US\$:13** \approx **Rs. 3650/-** per competition, which can be paid through Bank Draft/Pay Order, drawn in favour of **CREATIVE LEARNING SERVICES**.
OR
The fee can also be directly transferred to our A/C: **CREATIVE LEARNING SERVICES**, NTN: **B408028**, A/C No: **02170109167770**, IBAN: **PK74MAZN0002170109167770**, Bank Name: **MEEZAN BANK**, Branch: **G-BLOCK, DHA, PHASE-I, LAHORE**
- VII. The registration fee once paid is non-refundable and non-transferable.
- VIII. The registration forms complete in all respects should be sent to the following Postal Address:

Xcel Competitions – Head Office Pakistan
1st Floor, G-2, Commercial Area, Phase – I, Masjid Chowk
Defence Housing Authority, Lahore Cantt. 54792
Phone: +92-42-35744666, +92-42-35692728
- IX. All particulars in the registration form must be filled as illustrated below. Variation from the format can result in the rejection of registration.

S.NO.	STUDENT'S NAME	FATHER'S NAME	GENDER (M / F)	D.O.B (DD/MM/YEAR)
1	HASSAN BIN WALEED	WALEED AHMED MASHWANI	M	08.09.2003

For any further assistance, you can contact **Creative Learning Services**:

Email: xccl@kangaroo.org.pk

Office: +92-42-35744666, +92-42-35692728

Cell: +92-321-8882252, +92-324-4219999, +92-321-9311119

1. INSTITUTION'S DETAILS

INSTITUTION CODE: (For Office Use Only)

INSTITUTION'S NAME:

INSTITUTION'S POSTAL ADDRESS:

Tehsil	
District	
Phone(s)	
Email	

OFFICIAL TITLE OF THE INSTITUTION'S BANK ACCOUNT FOR HONORARIUM

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2. PRINCIPAL'S CONTACT DETAILS (FIRST CONTACT)

First Name	
Middle Name	
Last Name	
Cell No.	
Office Phone No.	
Email	

3. COORDINATOR'S CONTACT DETAILS (SECOND CONTACT)

Institution must nominate an official to coordinate and to correspond.

First Name	
Middle Name	
Last Name	
Cell No.	
Office Phone No.	
Email	

ACCOUNT TITLE FOR COORDINATOR'S CASH AWARD (if no. of students 101 or above)

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4. CONTEST DETAILS (please tick on both):

- National round - **Online**
- International Round - **University of California, Los Angeles, USA**

5. DETAILS OF REGISTERED STUDENTS (For CogAtXcel):

LEVEL	CLASS		NO. OF STUDENTS (in figures)
PRE ECOLIER	01	ONE	
	02	TWO	
ECOLIER	03	THREE	
	04	FOUR	
BENJAMIN	05	FIVE	
	06	SIX	
CADET	07	SEVEN	
	08	EIGHT/O LEVEL-I	
JUNIOR	09	NINE/O LEVEL-I & II	
	10	TEN/O LEVEL-II & III	
STUDENT	11	ELEVEN/O LEVEL-III & A LEVEL-I	
	12	TWELVE/A LEVEL-I & II	
TOTAL NO. OF STUDENTS			

DETAILS OF REGISTERED STUDENTS (For RobotiXcel):

LEVEL	CLASS		NO. OF STUDENTS (in figures)
JUNIOR	01	ONE	
	02	TWO	
	03	THREE	
	04	FOUR	
	05	FIVE	
INTERMEDIATE	06	SIX	
	07	SEVEN	
	08	EIGHT/O LEVEL-I	
SENIOR	09	NINE/O LEVEL-I & II	
	10	TEN/O LEVEL-II & III	
	11	ELEVEN/O LEVEL-III & A LEVEL-I	
	12	TWELVE/A LEVEL-I & II	
TOTAL NO. OF STUDENTS			

6. UNDERTAKING

I hereby certify that:

- I undertake the full responsibility to act as a Chief Examiner for the online rounds of Xcel competitions 2025 and to conduct the exam following the Creative Learning Services code of conduct and by making all necessary examination arrangements at our institution maintaining the international standards and ensuring the secrecy & transparency of the test.
- I also assure that my institution will fully abide by Creative Learning Services code of conduct, all rules, regulations and instructions of the Creative Learning Services being enforced time to time.
- I also certify that I have enclosed Deposit Slip/Bank Draft/Pay Order in original bearing No: _____ dated: _____ amounting to Rs. (in figures) _____ as a registration fee for total number of _____ students as mentioned in above summary @ **Rs. 3650/=** per student in favour of **CREATIVE LEARNING SERVICES**.

Deposit Slip/Bank Draft/Pay Order in original
PLEASE ATTACH HERE

A/C Title: **CREATIVE LEARNING SERVICES**
A/C No: **02170109167770**
IBAN: **PK74MAZN0002170109167770**
Bank Name: **MEEZAN BANK**, Branch: **G-BLOCK, DHA, PHASE-I, LAHORE.**

NTN: **B408028**

SIGNATURES & STAMP
PRINCIPAL /HEAD
OF THE INSTITUTION

STUDENTS REGISTRATION SHEET (Please tick)

CogAtXcel

RobotiXcel

FOR THE CLASS _____

A separate registration page may be used for each participating class. Don't register the names of students from multiple classes on one page. Please fill the particulars of students very carefully according to your institution's office record using capital letters. These particulars will appear on the certificates/mark sheets. Any change requested therein after the issuance of result/certificates will be subject to the payment of a fee of Rs. 1,500 per document.

S.NO.	STUDENT'S NAME	FATHER'S NAME	GENDER (M / F)	D.O.B (DD/MM/YEAR)