



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.

MathXcel & CogatXcel

Registration Deadline: | October 18, 2025

National Round: | November 27, 2025

ArtXcel & RobotiXcel

Registration Deadline: | December 22, 2025

Submission Date: | January 26, 2026

International Round (In Person): | June 7-10, 2026 **(UCLA, Los Angeles, USA)**

- IV. The participation fee is **US\$:14 ≈ Rs. 3950/-** 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: **18587901695803** IBAN: **PK82HABB0018587901695803**, Bank Name: **HABIB BANK LIMITED**, Branch: **H-BLOCK, DHA, PHASE - I, LAHORE**.

- V. The registration fee once paid is non-refundable and non-transferable.
- VI. The registration forms complete in all respects should be sent to the following Postal Address:

CLS – International Competitions

Xcel Head Office in Pakistan

1st Floor, G-2, Commercial Area, Phase – I, Masjid Chowk

Defence Housing Authority, Lahore Cantt. 54792

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

- VII. 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	CLASS	D.O.B (DD/MM/YEAR)
1	HASSAN BIN WALEED	WALEED AHMED MASHWANI	6	08.09.2013

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

Email: xcel@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:

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(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 / Submission - Online ☐
- International Round - University of California, Los Angeles, USA ☐

5. DETAILS OF REGISTERED STUDENTS: (For MathXcel & CogatXcel)

LEVEL	CLASS	CATEGORY	NO. OF STUDENTS (in figures)	CATEGORY	NO. OF STUDENTS (in figures)
PRE ECOIER	01	MathXcel		CogatXcel	
	02	MathXcel		CogatXcel	
ECOIER	03	MathXcel		CogatXcel	
	04	MathXcel		CogatXcel	
BENJAMIN	05	MathXcel		CogatXcel	
	06	MathXcel		CogatXcel	
CADET	07	MathXcel		CogatXcel	
	08	MathXcel		CogatXcel	
JUNIOR	09	MathXcel		CogatXcel	
	10	MathXcel		CogatXcel	
STUDENT	11	MathXcel		CogatXcel	
	12	MathXcel		CogatXcel	
TOTAL NO. OF STUDENTS					

6. DETAILS OF REGISTERED STUDENTS (For ArtXcel & RobotiXcel):

LEVEL	CLASS	CATEGORY	NO. OF STUDENTS (in figures)	CATEGORY	NO. OF STUDENTS (in figures)
JUNIOR	03	ArtXcel		RobotiXcel	
	04	ArtXcel		RobotiXcel	
	05	ArtXcel		RobotiXcel	
INTERMEDIATE	06	ArtXcel		RobotiXcel	
	07	ArtXcel		RobotiXcel	
	08	ArtXcel		RobotiXcel	
SENIOR	09	ArtXcel		RobotiXcel	
	10	ArtXcel		RobotiXcel	
	11	ArtXcel		RobotiXcel	
	12	ArtXcel		RobotiXcel	
TOTAL NO. OF STUDENTS					

7. 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. 3950/=** per student in favour of **CREATIVE LEARNING SERVICES**.

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

A/C: **CREATIVE LEARNING SERVICES**, NTN: **B408028**,
A/C No: **18587901695803**
IBAN: **PK82HABB0018587901695803**,
Bank Name: **HABIB BANK LIMITED**,
Branch: **H-BLOCK, DHA, PHASE - I, LAHORE**.

SIGNATURES & STAMP
Principal /Head of
The Institution

STUDENTS REGISTRATION SHEET (Please tick)

Math ☐

Art ☐

Cogat ☐

Roboti ☐

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. 2,000 per document.

S.NO.	STUDENT'S NAME	FATHER'S NAME	CLASS	D.O.B (DD/MM/YEAR)	RoboTeam Name (Only for RobotiXcel – Max. 3)