PLEASE FILL THE FORM IN BLOCK LETTERS ONLY

USE SEPARATE SHEET FOR EACH CLASS AND SECTION							
School Name :	City:						
Visual Art Coordinator	Literary Art Coordinator						



SOJ School Code	Class	

				_				
Sr.	Sr. No		NAME OF THE STUDENT*	CLASS	SECTION	CATEGORY VISUAL/LITERARY/BOTH		
0	0	1						
0	0	2						
0	0	3						
0	0	4						
0	0	5						
0	0	6						
0	0	7						
0	0	8						
0	0	9						
0	1	0						
0	1	1						
0	1	2						
0	1	3						
0	1	4						
0	1	5						
0	1	6						
0	1	7						
0	1	8						
0	1	9						
0	2	0						
0	2	1						
0	2	2						
0	2	3						
0	2	4						
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0	2	6						
0	2	7						
0	2	8						
0	2	9						
0	3	0						
0	3	1						
0	3	2						
0	3	3						
0	3	4						
0	3	5						
0	3	6						
0	3	7						
0	3	8						
0	4	9						
0	4	1						
* Ple	* Please Photocopy this sheet for each class							

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* Classes 1st to 4th are eligible only for Visual Art

* Classes 5th to 8th are eligible to submit both Visual as well as Literary Art

