

THE AMTI
GRAND ACHIEVEMENT TEST – TARGET +2
2014-15
DATA SHEET

(Please fill in using CAPITAL letters)

Note : Evaluation of allotted answer scripts is a mandatory part of the participation process.

Name and **COMPLETE** address of the Institution (with Pin Code) :

Pin code: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						

Phone Number (*with STD code*) : _____

E-mail ID (*if available*) : _____

Mode of Dispatch desired : **SPEED POST or COURIER**

Name of the Chief Superintendent : _____
(Head of the Institution or his / her nominee)

MEDIUM	REGULAR MATHS			BUSINESS MATHS			Grand Total
	<i>English Medium</i>	<i>Tamil Medium</i>	<i>Total</i>	<i>English Medium</i>	<i>Tamil Medium</i>	<i>Total</i>	
No. of Students							

P.T.O.

Charges Particulars :

Total number of students enrolled \times (Rs. 35 each) say, **A: Rs.**

(Less) Rs.5 \times no. of students enrolled say, **B : Rs.**

(Less) Rs.5 \times no. of students enrolled
(Institutional membership no. -----) say, **C: Rs.**

Applicable only to them

Amount (**A-B-C**) sent by D. D. in favour of the
"AMTI" payable at Chennai / or cash **Rs.**

Details of D. D. :

City schools can pay by cash if they want, at the office against receipt.

Amount : Rs. _____ DD No : _____ DD Date: _____
Bank : _____

All correspondence to be addressed to

The Association of Mathematics Teachers of India,
B-19, Vijay Avenue,
Old No : 37, New No: 85, Venkatarangam Street,
Triplicane, Chennai – 600 005.

Phone (044) 2844 1523. E-mail : amti@vsnl.com

AMTI office will function from 11.00 a.m. to 4.00 p.m.
On all working days.
For more details about us please see
website : amtionline.com