22nd STATE LEVEL CHEMISTRY OLYMPIAD
CHEMOLYMPICS 2026

REGISTRATION FORM

PERSONAL DETAILS

Name of the student (In Block Letters):…….....

Name of the Parents/Guardian: …….....

Name of the School/College: …….....

Class: ..... Board / Council: .....

Gender: MALE / FEMALE / OTHERS (Please tick whichever is applicable)

Date of Birth (dd/mm/yyyy): ...../...../.....

Contact No.: +91 ..... Email:……

Roll No. | | | – | | | | | (to be filled by Centre-in-Charge)

……... ……

Signature of the Guardian/ Class Teacher Signature of the Candidate

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ADMIT CARD

22nd STATE LEVEL CHEMISTRY OLYMPIAD, 2026

(For Office use only)

Roll No. | | | – | | | | |

Name of the Candidate: .....

Gender: Male / Female / Others Category: ..... (I/II/III/IV)

Name of the School/College …….....

Date of the Examination: 22.11. 2026 (SUNDAY) Time:10 AM -12 PM

Centre of Examination: ….....

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Signature of the Centre-in-Charge