

ZONAL COMPUTING OLYMPIAD 2015

CERTIFICATE

We certify that

(Full name of student)

presently studying in Class _____ in

(Full name of school)

participated in the Zonal Computing Olympiad held on Saturday, 06 December, 2014 at the following location

(Where the student wrote ZCO-2015)

on his/her own, without taking any assistance from others or referring to any written or printed material during the examination.

Parent/Guardian
(Name, date and signature)

Teacher/School Signatory
(Name, date, signature,
school seal)

Please return this form by ANY ONE of the following means, in order of preference.

- 1. Scan and email the form to ico@iarcs.org.in.*
- 2. Fax the form to 044-2747 0225.*
- 3. Post the form to **Prof Madhavan Mukund, Chennai Mathematical Institute
H1 SIPCOT IT Park, Siruseri, Kelambakkam 603103.***

This certificate must be received before December 15, 2014 for the student's solutions to be evaluated officially.