Information National Mathematical Quiz,2075

This is to inform you that **National Mathematical quiz** program is going to held on **Magh 10 (Jan-24)** for the first round. All the participant teams are requested to come at **Kathmandu World School,** Gundu, Bhaktapur with college representative at **7.30** in the morning.

All the colleges are requested to send their students in **college uniform** with their valid **college ID card** and their own **calculator**.

Thank you.

Venue: Kathmandu World School, Gundu, Bhaktapur

(01-5522852 /01-5528397 /01-5550602)

Arrival time: 7.30 a.m.

Contact person:977-9841588207(**Dinesh Bhandari**)

977-9851116238(Hari Kandel) 977-9841665612(Ramesh Gautam)

Program Co-ordinator: Niraj Sharma 977-9841339131

Nepal Mathematical Society Terms and Conditions (For National Mathematical Quiz)

- 1. Each correct answer earns 5 points by the first team and 3 points by the next team receiving the passed question.
- 2. First team will get 1 minute to answer each question and other teams will get 30 seconds, 20 seconds and 10 seconds respectively to answer the passed questions.
- 3. Rules 1 and 2 are not effective for the rapid fire round. For this round, a maximum of 5 questions are asked within 1 minute for each team. The questions are not passed to the other teams. Each correct answer earns 3 points.
- 4. In case of any ambiguity, confusion and dispute quiz master can refer to the jury and the decision made by the jury will be the final.
- 5. Participants are not allowed to argue with the quiz personnel or involve in any violent activities. If so, then the team might me expelled from the competition.
- 6. Participants are notallowed to ask any question to anyone out of the team during the quiz hour.
- 7. Participants are not allowed to answer in the others' turn.
- 8. The point is not awarded for the answer given after the time elapses. Participants should answer within the time limit.
- 9. Final answer should be given only by the team leader.

*We will accept all the terms and conditions mentioned above.

Name of the School/College/Institution:

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| (Address): | |
| Name of the School Representative: | |
| Contact No: | |
| Signature: | |
| Name of the Participants | |
| i | Signature: |
| ii | Signature: |
| | |
| Programme Co-ordinator | |
| Niraj Sharma | |
| Signature: | |