



GYST Club Data Form

Academic Year: **2025-26**



Club Name: **GYST CLUB OF** _____

School Name: _____

Postal Address: _____

Town: _____ PIN Code: _____ District: _____ State: _____

Club Email: _____

Website Address: _____ Twitter Handle: _____

Facebook Page: _____ Instagram Handle: _____

Mentor Teacher 1 Name: _____ Mobile: _____

Mentor Teacher 2 Name: _____ Mobile: _____

School Head Name: _____ Mobile: _____

Notes:

- All GYST Club Leaders and Members should be students from Classes 6 to 12.
- Minimum strength of a GYST Club should be 30 students and maximum is 60.
- Write all details in CAPITALS. While giving Mobile numbers, give WhatsApp numbers.

Leaders for the Reporting Academic Year (July to June)

*Being a Leader of GYST Club gives a big opportunity to develop Leadership Skills for future.
Change Leaders each year to give opportunity to different students.*

No	Role	Student Name	Class	Mobile No
1.	President			
2.	Vice President			
3.	Secretary			
4.	Joint Secretary			
5.	Treasurer			



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Members for the Reporting Academic Year (July to June)

No	Student Name	Class	Mobile No
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			



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No	Student Name	Class	Mobile No
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			



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No	Student Name	Class	Mobile No
47.			
48.			
49.			
50.			
51.			
52.			
53.			
54.			
55.			
56.			
57.			
58.			
59.			
60.			

Signatures

GYST Club President: _____ GYST Club Secretary: _____

Mentor Teacher 1: _____ Mentor Teacher 2: _____

School Head: _____ Date: _____

School Stamp: