

REGISTRATION FORM FOR ADMISSION

Date: _____

Admission for the class: _____

Admission for the year: _____

Name: _____

Mother's Name: _____

Father's Name: _____

Date of Birth: _____

Date of Birth in words: _____

Last School Attended: _____

Last Class Passed: _____

Contact No. (R): _____

Mobile No: _____

Office No: _____

Residence Address: _____

Parent's Qualification:

Mother: _____

Father: _____

Instruction For Parent's:-

The form should be submitted along with:

1. Xerox Copy of Birth Certificate.
2. Xerox Copy of the previous class Report Card.
3. Three passport size photographs.