

REGISTRATION FORM



STUDENT'S NAME:

CLASS IN WHICH ADMISSION IS SOUGHT:

DATE OF BIRTH: DD / MM / YYYY DOCUMENTS ATTACHED IN SUPPORT OF DATE OF BIRTH
 PASSPORT BIRTH CERTIFICATE AADHAR CARD

COUNTRY OF BIRTH: NATIONALITY:

STATUS: RESIDENT INDIAN NRI FOREIGNER

FATHER'S NAME:

FATHER'S / GUARDIAN'S EDUCATIONAL QUALIFICATION:

FATHER'S / GUARDIAN'S OCCUPATION:

FATHER'S / GUARDIAN'S ANNUAL INCOME:

MOTHER'S NAME:

MOTHER'S EDUCATIONAL QUALIFICATION:

MOTHER'S OCCUPATION:

MOTHER'S ANNUAL INCOME:

RELIGION:

MOBILE NO: E-MAIL ID:

RESIDENCE'S ADDRESS:

RESIDENCE TELEPHONE NO.:

OFFICE'S ADDRESS:

OFFICE'S TELEPHONE NO:

NAME OF THE SCHOOL ATTENDED PREVIOUSLY WITH CLASS:

SIGNATURE OF FATHER MOTHER GUARDIAN

DATE: DD / MM / YYYY

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