



REGISTRATION FORM



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Photo

Scholar No.

1. Student's Name
2. Father's Name
3. Mother's Name
4. Date of Birth : (in figure)
: (in words)
5. Religion :
6. Permanent Address
7. Correspondence Address
8. Phone No.
9. Admission sought to class :
10. Last school attended :
11. Enclosures Attached : D.O.B. Proof Original T.C. Original Copy of Mark sheet

Parent's Signature

Date

Principal Signature

Teacher's Copy



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Scholar No. Date

Name :

Class : D.O.B.

Father's Name :

Address : Ph. No.

Conveyance: Bus Autorickshaw Self

Student's Copy



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Scholar No. Date

Name :

Class : D.O.B.

Father's Name :

Address : Ph. No.

Conveyance: Bus Autorickshaw Self

For Nursery & L.K.G. student :

- | | | |
|-----------------|------|-----------|
| 1. Toilet Habit | Self | Dependent |
| 2. Food Habit | Self | Dependent |

For Nursery & L.K.G. student :

- | | | |
|-----------------|------|-----------|
| 1. Toilet Habit | Self | Dependent |
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