

REGISTRATION FORM

NAME _____

PARENTAGE _____

RELIGION _____

DATE OF BIRTH _____

ADDRESS _____

GENDER _____ BLOOD GROUP _____

LAST SCHOOL ATTENDED _____

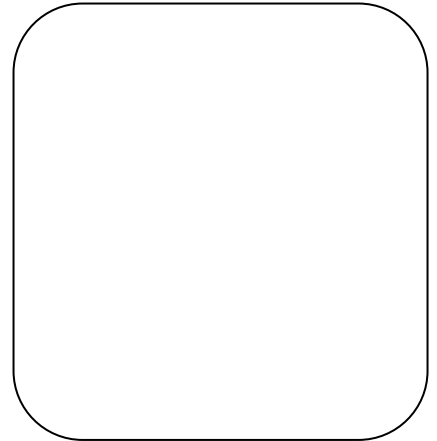
MOBILE NUMBER _____

ADHAAR NUMBER _____

CLASS _____

MEDICAL CONDITIONS IF ANY _____

PARENT'S QUALIFICATION _____



CHECKLIST

BIRTH CERTIFICATE

ADDRESS PROOF/ADHAAR

MEDICAL CERTIFICATE

DISCHARGE CERTIFICATE

ID PROOF OF GUARDIAN/PARENTS

*I, hereby declare that the information provided is true and correct to the best of my knowledge.
I agree to abide by the rules and regulations of the school*

Signature of Parent

For office use only

COMMITTEE'S APPROVAL

REMARKS IF ANY:.....

PRINCIPAL SIR'S APPROVAL

REMARKS IF ANY:.....

CHAIRMAN SIR'S APPROVAL

REMARKS IF ANY:.....

NOTE:-REGISTRATION FORM SUBMISSION DOES NOT ACCOUNT FOR THE OFFICIAL CONFIRMATION OF THE ADMISSION.