REGISTRATION FORM

NO: _________ (2016-17)

1. NAME OF THE CHILD

2. SEX

3. DATE OF BIRTH

4. RELIGION

5. COMMUNITY

6. PARENTS PARTICULARS
   a) Father’s Name
   b) Educational Qualification
   c) Occupation
   d) Mother’s Name
   e) Educational Qualification
   f) Occupation

7. ADDRESS

8. PHONE/MOBILE NO

9. E-mail Address

10) CLASS APPLIED FOR

DECLARATION

I declare that the above information is complete and correct.

Signature of the Parent.