

STUDENT REGISTRATION FORM

1. Student's Full Name: _____

2. Date of Birth (MM/DD/YYYY): _____

3. E-mail ID: _____

4. Mobile Number: _____ 5. Gender: _____

6. Parent / Guardian's Name: _____

7. % Marks in class X board examination: _____ (Attach attested copy of Class X Mark Sheet)

8. Name & Address of the School with PINCODE: _____

9. Address of the Parent/ Guardian for correspondence with Phone number and Email ID:

Paste your
Photo here

Signature of the Student

Signature of Parent/ Guardian

Certified that the above facts are true and the student is among the top 10 meritorious students in the class as per School records and to our best information.

Date:

Signature of Principal

Seal