

12. (a) Residential address

 P I N
M o b i l e N o. + 9 1

12. (b) Correspondence address

 P I N
M o b i l e N o. + 9 1

13. (a) E.mail ID.....
(b) Telephone No
(c) STD. Code: (Office) (Res.)

14. History of the Students
(a) Blood Group (b) Allergic to any medicine

DECLARATION

(1) I hereby solemnly declare that all the statements made in the above form are true and correct to the best of my knowledge and belief. (2) I fully understand that in the event of any information being found false or incorrect, registration and admission of my son/ward may be cancelled. (3) I also declare that the date of birth and spelling of the name of my son/ward are correctly given in this form and that I shall NOT make a request for any change later on. (4) I have carefully read the rules and regulation laid down Registration Form and School Prospectus.

EDUCATION FOR EXCELLENCE

Principal

Authorised Signatory

Full Signature of Parents/Guardian

Name of Student.....

Date of Birth..... Class..... Section.....

Father's Name.....

Mother's Name.....

Guardian's Name.....

Contact Details :

Address.....

.....

.....

..... Pin.....

Mobile No..... Telephone No.....

E.mail ID.....

Transport Facility : Yes No Bus..... Place.....

.....

.....

.....

Authorised Signature..... Principal

for Office Use

Registration No:..... Date..... Amount.....

As registration fee for (Student's Name)..... Class.....

S/o, D/o.....

You are requested to bring your child for test / interview on.....

at:.....AM/PM for admission in class.....

.....

Authorised Signatory