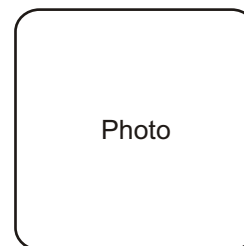


Academic Year _____

Pupil's Name : _____

Gender (M/F) : _____

Date of Birth : _____ Age (Yr. & M): _____



Father's/Guardian's Name : _____

Mother's Name : _____

Local Address : _____

Contact No: Tel : _____ Mobile : _____

Email ID : _____

Admission in : _____ Mother Tongue: _____

Father's/Guardian's Occupation : _____

Office Address: _____

Contact No: Tel : _____ Mobile : _____

Mother's Occupation: _____

Office Address: _____

Contact No: Tel : _____ Mobile : _____

Father's Qualification : _____

Mother's Qualifications : _____

Any Special Character of the child: _____

DECLARATION

I _____ hereby declaring that all the above information are true in my knowledge.

I agree to follow all the rules and instructions given by the authorities of the institutions.

Place : _____

Date : _____

Parent / Guardian Signature

Admission In-charge Signature

Note : Fees once paid will not be refundable in any circumstances.*