

FOR OFFICE USE ONLY	
Enrollment No.	<input type="text"/>
Batch :	<input type="text"/>
Centre :	<input type="text"/>

Registration Form

To,
The Director,

Course Applied for :

Important Instructions :

Session : 20..... to 20.....

- ➔ Use only CAPITAL LETTERS to fill-up the entire form.
- ➔ Use only Black/Blue Ball Point Pen to fill-up form.

Affix a
Passport size
Photograph
Here

1. Name of the applicant (exactly as in School / Xth Class Certificate) :

2. Name of Father (as per School / Xth Class Certificate) :

3. Name of Mother (as per School / Xth Class Certificate) :

4. Date of Birth (as per School / Xth Class Certificate) :

<input type="text"/>							
D	D	M	M	Y	Y	Y	Y

5. Gender (✓ relevant) : Male Female

6. Category (✓ relevant) :

GEN SC ST OBC DS PH

7. Medium of studies so far :

Specify If other :

8. Father's Occupation (✓ relevant) : Business Govt. Job Pvt. Job Professional Job Other

9. Mother's Occupation (✓ relevant) : Business Govt. Job Pvt. Job Professional Job House wife

10. Family's Yearly Income (✓ relevant) : < 50,000 < 1,00,000 < 2,00,000 more than 2,00,000

11. Applicant's Correspondence Address (avoid your name & Father's name here) :

City / Town / Village :

District : Student's Mobile :

PIN Code : Tel No. (with STD Code) :

E-mail : Guardian's Mobile :

CLASSROOM I-CARD

TEST SERIES I-CARD

Course Name

1. Name of the applicant

2. Name of one Parent/Guardian

3. Address

4. Contact No.

Gender : Male Female Blood Gp.

For Office use only	
Roll No. :	<input type="text"/>
Bus Facility :	Y <input type="checkbox"/> N <input type="checkbox"/>

Affix a
Passport size
Photograph
Here

Signature of In-Charge with Stamp

