

## REGISTRATION FORM

**Preferred Stream**    **Engineering**        **Medical**      
(Please tick in the relevant box)

Name of the Candidate \_\_\_\_\_

Name school \_\_\_\_\_

Class: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:     M     F    CATEGORY \_\_\_\_\_  
(Please tick in the relevant box)    GEN/SC/ST/OBC/PH

Father's/Guardian's Name: \_\_\_\_\_

Father's/Guardian's Occupation: \_\_\_\_\_  
(Father)    (Mother)

Correspondence Address: \_\_\_\_\_

Phone(R): \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Number with STD Code)    (Number with STD Code)    (Number with STD Code)

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

How did you come to know about this Institute?  
Pamphlets     News paper     Internet     Friend     Hoardings   
(Please tick in the relevant box)

Marks in Qualifying Exam

VII  VIII  IX  X  XI  (%)    \_\_\_\_\_    \_\_\_\_\_    Board     CBSE     ICSE     ISC     Other  
(Science)    (Maths)    (Please tick in the relevant box)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Place \_\_\_\_\_

### DECLARATION

*This is to certify that information given in the registration form is correct to the best of my knowledge*

\_\_\_\_\_  
(Sign of Parent/Guardian)