

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)