

STUDENT REGISTRATION

Centre

Date

Name of the Franchisee, Place of Centre & Address

Centre Seal

Serial No.

PP SIZE
PHOTO

Name of the Student			
Date of Birth	Age:		
Class studying	Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Name of the School			
Admission Type	New Enrolment <input type="checkbox"/>	Transfer-in <input type="checkbox"/>	Others <input type="checkbox"/>
If transferred from other Institutions please specify	Name of the institution		
	Place:	Level:	
Name of the Father			
Qualification	Occupation:		
Name of the Mother			
Qualification	Occupation:		
Residential Address			
Contact Number	Mobile:	Telephone:	

Signature of Parent

For Franchise Centre Use Only

Registration No. :Date of Admission :

Fee Receipt No. :Name of the Tutor :

Level :Batch No.....Day:Time:

Signature of Franchisee