



Registration Form

Registration No.: _____

Session : _____

Date : _____

Please
affix Child's
photograph
here

Student Information

Name of the child (in capital letters) _____

Date of Birth (in figures) (In words) _____

Age as on 1st April of current Academic Year Year Month Day

Gender Male Female Nationality of the child _____

Name of the school the child is attending at present _____

Studying in class Applying of class

Medium of instruction

Languages studied Eng Hindi French Punjabi Sanskrit Others _____

Family Information

Parent's Details	Father	Mother
Name	_____	_____
Academic Qualifications	_____	_____
Occupation	_____	_____
Name of Organisation	_____	_____
Date	_____	_____
Residential Address	_____	_____
Contact No(s)	_____	_____
E-mail Address	_____	_____