

REGISTRATION FORM

Name _____ S/O _____

Class _____ Stream Medical/Non-Med/Commerce

Date of Birth : _____

Address _____

Phone No. _____ Whatsapp No. _____

Previous Class _____ email Id _____

Previous School Name _____

Office Use only

Name _____ S/O _____

Deposit Registration Fee _____ Class _____

Fee Clerk

Principal