



STUDENT REGISTRATION FORM

Please fill the Form in CAPITAL letters

Date : / /

Reg. No. :

First Name :

Middle Name :

Last Name :

Date of Birth :

Email-ID : _____

Qualification : _____ Profession : _____

Gender : Male / Female

Address : _____

District : _____ Pin : _____

State : _____

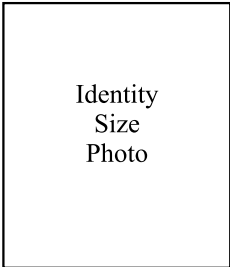
Phone : (Std Code _____ No. _____) Mobile No. _____

Family Size (Number of Members in Family) : _____ Family Income (Per Annum) : _____

Course : _____ Batch : _____

Center Name : _____

Student Signature : _____



Signature of Center Head (LLC)

With Center Seal



Registration Slip

Date :

Reg. No. :

Name of the Student : _____

Course / Batch : _____

Signature of Center Head (LLC)

With Center Seal



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