Registeration Form Choose a level: Level 1 - Class 6- Class 8 Applicant's Name wefmsdkf Father's Name sdfsdf Mother's Name klnkjnlk Date Of Birth 0022-02-22 Sex: Male **Mobile Number** 55 Email o@g Nationality: Indian **Correspondance Address** 55 Pincode 55 Class/ Degree 6 Name of School 9 State Bihar District Araria **Upload Signature Upload Photograph**