



LOREM IPSUM DOLOR

Reg. No.

Date of Issue: / /

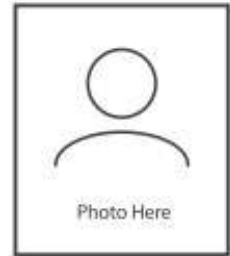


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ADMISSION FORM

Surname:

Name:

Father's Name:

Mother's Name:

Aadhar Card No.:

Date of Birth: Format (DD/MM/YY) e.g. 07/12/2000

Gender: ☐ Male ☐ Female Phone:

Place of Birth:

City: Dist:

State:

Physical problems/Disability (if any):

Name of School:

UNDERTAKING

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B. Donec convallis accumsan mattis. Praesent tempus ante eget diam iaculis, id posuere enim tempus. Sed fringilla eleifend odio, in finibus leo pulvinar eget

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Signature: