

REGISTRATION FORM
KINDERGARTEN

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Reg. No : 433

Date: 09-03-2021

(FILL IN THE REGISTRATION FORM IN BLOCK LETTERS ONLY)

Name of the Applicant: TEST SHILPA

Gender: Girl Date of Birth: 14/03/2021

Religion: Caste: Sub Caste:

Mother Tongue: Blood Group:

Name of Father:

Educational Qualification of Father:

Profession of Father: