

ALOHA NATIONAL LEVEL COMPETITION

State: **Karnataka**

Center Name: **Aloha Jalahalli West**

Programme(s): **Mental Arithmetic**

Phone No: **7259596963**

Email ID: **akash.ka01@gmail.com**

Student Name: **AKASH**

Parent Name: **SAJAN**

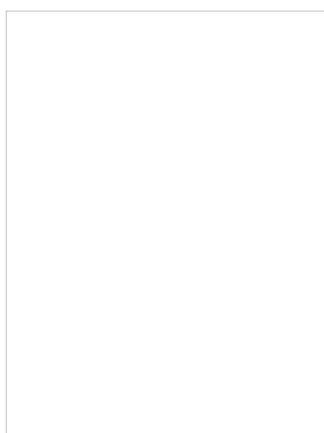
Gender: **Male**

Date Of Birth: **29/01/2010**

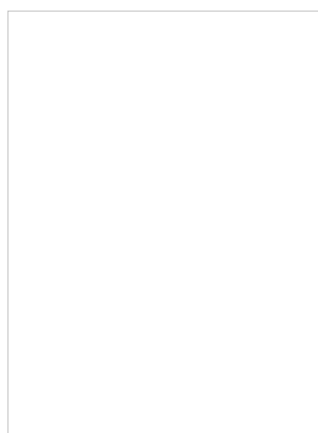
T-Shirt Size: **XL**

Address: **BLR 57**

Photo:



Birth Proof:



**For any assistance pls call 97909 44889 / 99402 99992 / 72999 44889 or email us @
info@alohaindia.com, enquiry@ufalohaindia.com**

This is System generated form, for reference only.