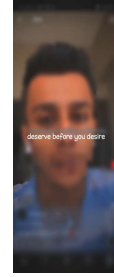


SRIJANACADEMY

Student Name:



Father's Name

Mother's Name

Aadhar Number

Gender:

Email

Phone Number

Category

Blood Group

Higher Education

City

Authorized BY
Harishankar Verma

