

REGISTRATION FORM



NILANCHAL COLONY, NEAR BIG BAZAAR, SARAIDHELA, DHANBAD | MOBILE: 9431530129 / 7033853747

Form No.

Registration No. (For Office Use Only)

Candidate's Name:

Date of Birth: Age as on 1st April: Years Months

Nationality : Religion :

Mother Tongue:

Father's Name:

Mother's Name:

Qualification i) Father's

ii) Mother's

Occupation i) Father's

ii) Mother's

Address i) Permanent

ii) Correspondence

iii) Office Address (Father's)

Office Phone No. Residence No.

Need School Transport: YES ☐ NO ☐ If Yes From Where

DECLARATION

All the information furnished hereby are true to my knowledge and belief. I bear sole responsibility for the same.

Date:

Signature of Guardian

FOR OFFICE USE ONLY

Admitted to class : _____

Remarks: _____ Authorised Signatory