



RESIDENTIAL PATHSHALA COACHING CENTRE

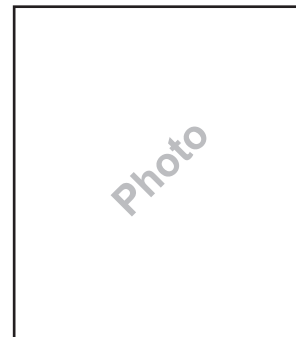
Registration Form

1. Student's Name :.....
2. Date of Birth.....(DD/MM/YYYY)
3. Blood Group:.....
4. Aadhaar No. :.....
5. Father's Name :.....
6. Father's Occupation :
7. Father's Qualification :
8. Father's Annual Income :
9. Father's Aadhaar No :
10. Mother's Name :.....
11. Mother's Occupation :
12. Mother's Qualification :
13. Mother's Annual Income.....
14. Mother's Aadhaar No :
15. Vaccination :
16. Allergy From any Medicine :
17. Allergy From any Injection :
18. Guardian's Name (If Father is not the Guardian):.....
19. Category(General / OBC / SC / ST / WES)
20. Postal/Mailing Address :.....
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.....PIN.....
21. Permanent Address :
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.....PIN.....
22. Father's/Guardian's Mobile No.:

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- Mother's Mobile No :

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23. Father's/Guardian's Email ID (Please write in CAPITAL letters only) :

24. Local Visitors Name.....



Registration Cost: ₹ 750(Without Late Fine)

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Father's/Mohter's/Legal Guardian's Signature
With Date