RESIDENTIAL PATHSHALA COACHING CENTRE

Registration Form

Photo

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 :.....

    .....

    .....PIN.....
21. Permanent Address : .....

    .....

    .....PIN.....
22. Father's/Guardian's Mobile No.: | | | | | | | | | | |

    Mother's Mobile No : | | | | | | | | | | |
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