



Please affix your
passport size
photograph

Registration Form

NAME: (IN BLOCK LETTERS)

GUARDIAN'S NAME:

CONTACT NUMBER:

DATE OF BIRTH: ___/___/___

SEX: MALE

FEMALE

ADDRESS:

EDUCATIONAL QUALIFICATION:

EMAIL ID:

NAME OF SCHOOL:

| | | | | |
|--------------|---------|----------|-------|--------------------------|
| COURSE TYPE: | BASIC | 1 MONTH | _____ | <input type="checkbox"/> |
| | ADVANCE | 3 MONTH | _____ | <input type="checkbox"/> |
| | REGULAR | 6 MONTH | _____ | <input type="checkbox"/> |
| | EXPERT | 12 MONTH | _____ | <input type="checkbox"/> |

PARENT'S SIGNATURE

MENTOR'S SIGNATURE

RECEIPT

SCHOLAR NAME:

COURSE TYPE:

FEES DEPOSITED:

PARENT'S SIGNATURE

MENTOR'S SIGNATURE