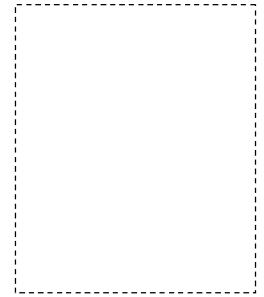


REGISTRATION FORM



COURSE APPLIED : _____

STREAM OPTION

Note : The form Should Be Filled in Capital Letters Only

Medical

Non-Medical

Commerce

1. Name of the Candidate : _____

2. Name of Parent/Guardian : _____

3. Occupation of Parent/Guardian : _____

4. (a) Date of Birth (DD/MM/YR) (b) Sex (c) Name of Centre

DD : _____ MM : _____ Year : _____ Male : _____ Female : _____

5. Permanent Address (Do not write Parent/Guardian or your name here).

City : _____ (Pin Code) : _____

6. Address for communication (Do not write Parent/Guardian or your name here)

City : _____ (Pin Code) : _____

7. Ph. (Res.) with STD Code: _____ Mob.* : _____

8. E-mail ID* : _____

9. Name of School from where you have appeared/are appearing for Class : IX & X _____

10. % of marks / Grade obtained in previous class (Attach photocopy) :

(a) Science : _____% (b) Maths : _____% (c) Eng. : _____%

Date : _____

Place : _____

Signature of Parents/Guardian

(Signature of the Student)

Registration Details (For Office Use Only)

Date of Exam : _____

Roll No. : _____

Name : _____

Marks Scored in Exam : Phy: _____ Maths: _____ Che: _____ Reason: _____

Over All % : _____ Rank: _____