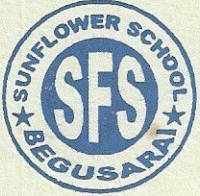


SUNFLOWER SCHOOL

(AFFILIATED TO C.B.S.E)

SIDHARTH NAGAR, KAPASIA, TOWNSHIP, BEGUSARA!

REGISTRATION FORM



PHOTO

Sl. No.

366

AFF. No. - 330226

SCH. No. - 50141

To be filled in by the PARENT/GUARDIAN in BLOCK letters only.

CANDIDATE'S NAME :

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MOTHER'S NAME :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FATHER'S NAME :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH :

--	--	--	--	--	--	--	--

SEX :

 1 = MALE
 2 = FEMALE

CATEGORY

 1 = SC
 2 = ST
 3 = OBC

HANDICAPPED

 1 = BLIND
 2 = DEAF
 3 = HANDICAPPED
 4 = DYSLEXIC
 5 = SPASTIC

IN WORDS

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Present Address :

Vill./Muhalla :

P.O. :

P.S. : Dist.

Permanent Address :

Vill./Muhalla :

P.O. :

P.S. : Dist.

Phone No. : STD Code : Resi. Off.

Attach - Date of Birth Certificate/Transfer Certificate of Previous School.

I fully abide with the rules and regulation of the school. No. claims will be made against the management decision. The information furnished by me here is correct.

If any information is found incorrect at any stage will disqualify my ward for admission.

Signature of Parent/Guardian

Principal