

GOBIND PUBLIC SCHOOL DINANAGAR PH.

01875-222117, 9417220117

REGISTRATION FORM

NO.....

DATE:.....

CLASS:

1 Name of pupil.....

2. Father's Name:.....

3. Mother's Name:.....

4. Residence.....

.....

5. Contact No.....

6. D.O.B. in figures:.....

D.O.B. in words:.....

7. Occupation of Father.....Mother.....

8. Last attended class and school.....

Signature of the Parents/ Guardians