



# PUSHPAGIRIYIL CENTRAL SCHOOL

(Managed by New Pushpagiriyl Educational and Charitable Trust, Reg: No. 116-IV-2009)

Affiliated to CBSE, New Dehil, Code No. 930833

EDAMON-34, Phone : 0475-2335876, 9645985636

## REGISTRATION FORM

Form No. ....

Please affix a recent colour photograph of the child

(Use capital letters to fill-in the form)

Registration No.....

We.....and.....  
desire to have our son /daughter / ward, whose particulars are given below, registered as a day scholar in your school:

### INFORMATION ABOUT THE CHILD

First Name (IN BLOCK LETTERS)	Middle Name	Last Name	Blood Group

Date of birth	Date of Birth in Words	Religion & Caste

Class to Which Registration is sought	Nationality	SC/ST/OBC

### PERMANENT RESIDENTIAL ADDRESS:

Tel:
Fax:

### ADDRESS FOR CORRESPONDENCE

Tel:
Fax:

### Emergency Contact Telephone Numbers:

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### INFORMATION ABOUT THE FAMILY:

#### Details of Father:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Organization Working for:	Office Address:	
Designation:	Tel.:	
Annual Income:		