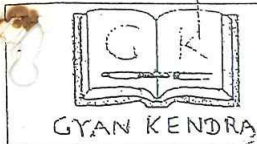


Registration Form



GOALGHAR, PORT BLAIR
Ph: 230683, 9434292029
www.gyankendra.in

For Office Use Only

Form No.

Registration No.

11

Course Applied For :

Name of Student :

Student's Contact No.:

School in which studying :

Class :

Date of Birth :

Guardian's Name

Father :

Contact No.:

Mother :

Contact No.:

Address :

email id :

Paste
Recent
Color
Photo

Educational Qualification

Board	Year of Passing	Exam Passed	Main Subjects	Marks / Grade	CGPA
			Maths Science English		

Enclosure :

Attach a photocopy of mark sheet of last qualifying exams.

I hereby Certified that the information furnished above are true.

Signature of the Student

Signature of Guardian