

Saral Siksha Sixth Sense Activation Academy

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Mob: 9639621618-19

Passport
Size
Photo

STUDENT REGISTRATION FORM

Reg No _____

Date _____

Admission Details

Name of Student : _____

Father Name : _____

Mother Name : _____

Standard : _____ Sex : **Male / Female** _____

Admission to Course : _____

Date of Birth : _____

Mother Tongue : _____ Blood Group : _____

E-mail ID : _____

Mobile Number : _____

Father Occupation : _____

Address : _____

Registration Fee:
.....

Details of Registration Fee: _____ Reg. No.....

Received with thanks from.....Amount Rs.....Dated.....

Signature

Executive Director