

JUNAID'S TUTORIAL

An institute for School, Intermediate, Engineering, Architecture and Medical
(Regd. by Govt. of A.P. | Reg. No.: 2121)

SCHOOL REGISTRATION FORM

Admission Number/ Roll Number: _____

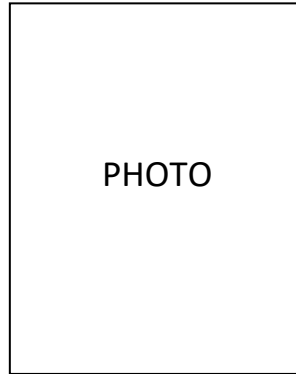
Gender: Female Male

Date of birth of the Candidate:

Day : _____

Month : _____

Year : _____



Candidate's full name? (Write in **BOLD**)
(Mr. / Mrs. / Ms.)

Parent's/Guardian's name?
(Write in **BOLD**)
(Mr. / Mrs. / Ms.)

Today's Date: _____

Permanent Address: _____

Contact Number (Candidate): _____ Email ID (Candidate): _____

Contact Number (Parent/Guardian): _____

Which School/College do you attend? (Mention full name): _____

WHICH SYLLABUS DO YOU FOLLOW: (Please tick the appropriate option)

1. SSC ___

2. CBSE ___

3. ICSE ___

4. OTHERS ___

TUITION PREFERENCE FOR THE CLASS? (Please tick the appropriate option)

1. EIGHTH ___

2. NINTH ___

3. TENTH ___

SUBJECTS PREFERRED: _____

I, _____ DECLARE THAT THE ABOVE INFORMATION GIVEN BY ME IS CORRECT AND I WILL FOLLOW THE RULES AND REGULATIONS OF THE INSTITUTION. THE AUTHORITIES CAN TAKE DISCIPLINARY ACTION IN CASE OF ANY MISCONDUCT.

***FEES PAID MAY NOT BE REFUNDED IN ANY CIRCUMSTANCES.**

AUTHORIZED SIGNATURE

STUDENT'S SIGNATURE

PARENT'S SIGNATURE