



Saarathi Academy

Registration Form

Name of Student:

Father's Name:

Occupation: Date of Birth:

Guardian's Name: Guardian's Occupation:

Present Address:

Permanent Address:

Telephone: Mobile:

Educational Status (Last Class Passed): Name of Course:

PHOTO

Details of Educational Qualification (Starting from IX):

Sr. No.	Class	Year of Passing/ appearing	Board (CBSE/ RBSE)	Name of School	Division/ Grade	Percentage/Grade		Subjects	Medium
						Aggregate	PCM/PCB		

Place:

Date:

(Signature of Student)

(Signature of parents/guardian)

FOR OFFICE USE ONLY (NOT TO BE FILLED BY THE STUDENT)

Course applied: Application Number:

Registration fee deposited:

Date of admission: Due amount:

(Signature of Authority)

(Signature of Director)

STUDENT COPY

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