

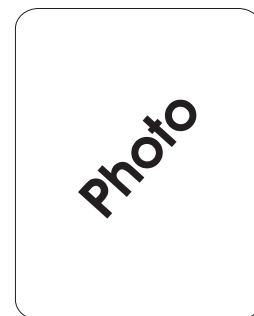
Sl. No.

Registration Form

No.

DWARIKA MEMORIAL FOUNDATION ACADEMY

Bishunpur, Dhanbad



Registration No.

By Office:

1. Name of Student

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2. Father's / Guardian's Name

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A. Occupation

B. Designation

C. Residential Address

Phone No.

3. Date of Birth

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4. Class (in which you want) _____

5. Pre class passed (A) Division _____

(B) Percentage of Marks _____

6. If you want Hostel facilities or Not _____

7. If you want School Bus or Not _____

8. Present age _____

Signature of the Student

Signature of Father/Guardian

FOR OFFICE USE ONLY

Marks obtained in Admission Test _____

Remarks of the Principal _____

DWARIKA MEMORIAL FOUNDATION ACADEMY

Sl. No.

No.

Sri

Son/Daughter

Receiver Signature