ST. JOHN'S ACADEMY

BASMATI NAGAR, KESHOPUR BALUKARAM VAISHALI

REGISTRATION FORM

Please fill in the form in Block letter using Blue/Black Ball point pen only

For Office Use Only

Student's Registration No [ ] Date of Registration [ ]

Date of Admission Test [ ] Time [ ] Am/Pm

To be filled by the student

1 Full name of the Applicant (space should be given between surname, Firstname & last name)

2 Sex [ ] M/F 3 Date of Birth 4 Blood Group RH Factor (if know)

5 Father's Name (space should be given between surname, Firstname & last name

6 Occupation

7 Guardian's Name (space should be given between surname, Firstname & last name

8 Occupation

9 Mother's name

10 Complete Address of the applicant for correspondence (Do not repeat name)

Pin code

11 Permanent Address

Pin code

STD Code Phone No Cell No

12 In which class He or she is studying Nationality

13 In which class admission is sought 14 Catagory SC/ST/OBC

15 Hostel facilities required of not Yes [ ] No [ ]

16 Conveyance facilities required or not Yes [ ] No [ ]

17 Place

Parent, Guardian S

Paste one
srecent passp
size please d
not pin or stap

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2 Father's/Guardian's Name (Space should be given between surname, Firstname & Last name)

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