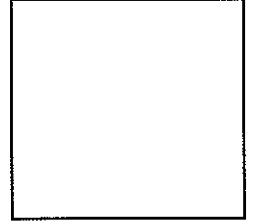


JAIN VIDYAASHRAM
PUZHAL
CHENNAI-600 066

REGISTRATION FORM

NO: _____ (2016-17)

1. NAME OF THE CHILD :
2. SEX :
3. DATE OF BIRTH :
4. RELIGION :
5. COMMUNITY :
6. PARENTS PARTICULARS :
 - a) Father's Name :
 - b) Educational Qualification :
 - c) Occupation :
 - d) Mother's Name :
 - e) Educational Qualification :
 - f) Occupation :
7. ADDRESS :
8. PHONE/MOBILE NO
9. E.mail Address :
- 10) CLASS APPLIED FOR :



DECLARATION

I declare that the above information is complete and correct.

Signature of the Parent.