

## **BHAGIRATH PUBLIC SCHOOL**

AFFILIATED TO CBSE, NEW DELHI 10+2

## **REGISTRATION FORM FOR**





## STUDENT NAME:

| FATHER NAME   |        | CONTAC | CT NO.  |
|---------------|--------|--------|---------|
|               |        |        |         |
| MOTHER NAME   |        | CONTAC | CT NO.  |
|               |        |        |         |
| ADDRESS:      |        |        |         |
|               |        |        |         |
|               |        |        |         |
| CLASS         | SCHOOL |        |         |
|               |        |        |         |
| DATE OF BIRTH | GENDER |        | HOBBIES |
|               | M /    | F      |         |



Thanks & Regards