



INFORMATION FORM

Student Name :

Parent's Phone No :

E mail :

Educational Qualification :

Class Completed : Previous School Name :

Which Class to Join :

How did you know about us :

<input type="checkbox"/>	Advt	<input type="checkbox"/>	Friends	<input type="checkbox"/>	Pamphlet	<input type="checkbox"/>	Banner	<input type="checkbox"/>	Others
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Reference Person : Ph :

Counsellor : Ph :

Comments :

OFFICE USE ONLY

Sl.No	Date	Follow Ups

Counselled by