



REGISTRATION FORM

Date _____

Name (IN BLOCK LETTERS) _____

Father's Name _____

Sex _____ Birth Date _____

Nationality _____ Age (upto June 2017) ____ Year ____ Month

Present Address _____

Permanent Address _____

E-mail _____ Phone _____

Passport No. _____ Place of issue _____

Date of Passport Issue _____ Date of Passport Expiry _____

ACADEMIC DETAILS

12th Class

Board _____ Date of Passing _____

Marks . Physics _____ Biology _____ Chemistry _____ English _____

Percentage _____ Total Marks _____

10th Class

Percentage _____ Total Marks _____

Signature of Applicant

Signature of Parents

Signature of
Representative STC