



Registration form

TEKO CLASSES
MATHS BY SUHAG KARIYA
R-1, ZONE-2, M.P. NAGAR, BHOPAL (M.P.)
☎:(0755) 32 00 000, 25 7 44 44
98930 58881, 903 903 777 9

For student moving from class _____ to _____

(Use a Blue/Black pen to fill this Form.) Session 20_____-20_____

Paste your recent passport size color photograph here and attach one additional photograph with the registration form

- 1. Registration Form No. :
- 2. Name of the Student: _____
- 3. Father's/Guardian's Name: _____
- 4. Date of Birth: _____ 5. Catagory _____ 6. Sub Catagory _____
- 7. Contact No.: Mobile (Self) : _____ Mobile (Father) : _____
Mobile (Mother) : _____ Phone (with code) : _____
- 8. E-Mail Address: _____
- 9. Father's Occupation: _____ 10. Mother's Occupation _____
- 11. School Name (Presently Attending): _____

- 12. School Address: _____

- 13. Board the School Affiliated to: _____ 14. Medium: English/Hindi _____
- 15. Final School/Board Exam Aggregate Marks (% or CGPA) _____ in the class _____ in session 20_____-20_____
- 16. Preparing for : Class: _____ & Competitive Exam: _____ of year _____
- 17. Correspondence/Permanent Address: _____

18. Read all rules and regulations given on second page.

Date: _____

Signature of Student

Place _____