



REGISTRATION FORM



ADMISSION CUM SCHOLARSHIP TEST

For Students Presently Studying in Class VII, VIII, IX, X & XI

Test Date

27 January, 2019 & 10 February, 2019

**Work Hard in Silence,
Let Your Success Be Your Noise.**

For Assistance feel free to call on (M) 9798131064

REGISTRATION FORM

(For Office use only)

Registration No. Allotted: _____ Date: _____

Test Centre

Champ Square, 2nd Floor, Near Debuka Nursing Home Lane, Lalpur, Ranchi-1

Are you already Enrolled in CHAMP SQUARE? If yes, Please provide the following info below:

Champ ID _____ Mobile No. _____

Please fill this form with a **Black/Blue pen** in **BLOCK** Letters only. (Photocopy of this Application form cannot be used)

1. Details about the students:

a) Name of Student _____

b) Father's Name _____

c) Date of Birth d) Gender: Male Female

e) School Name _____

f) Presently Studying in Class _____

g) Last annual exam/board exam aggregate marks (%) _____

h) Which Newspaper do you read (i) _____ (ii) _____

Paste your Recent
Passport Size
Photograph Here

2. Communication Details:

a) Mobile No.: Parent Student

b) E-mail (CAPITAL LETTER): _____

c) Correspondence Address

Pin _____

e) Father's Details

Qualification.....

Occupation.....

Name of the Company

DepartmentDesignation

3. For which career you want to prepare for after 10th:

Engineering Medical Law Others
(Please Specify)

Declaration by the Student/Parent/Guardian

I/we hereby declare that the information furnished on this Application Form is correct to the best of my knowledge and belief.

Date: _____

Place: _____

(Signature of Student)

(Signature of Parent/Guardian)