

MISSION OF KNOWLEDGE

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C.B.S.E. PATTERN (NURERY TO 12TH) -- Registration No. - 7389/794/2011

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Session Registration No. **DOB Student Name Father's Name Gender** Mother's Name M. Tongue **Guardian Name Nationality** Mobile No. Phone No. Account No. **Apply Class Bank Name Section Branch** Roll No. **IFSC** Adm. Date **Current Address Permanent Address** UID No. Height **Last School** Weight **Last Class** Religion **Student Type Category** Caste **Blood Group Transport** Concession **Father's Details Mother's Details** Qualification Qualification Occupation Occupation Designation Designation Salary Salary

Signature