



ENQUIRY FORM

Name of the Student					
Date of birth	DD	MM	YYYY	Age as on 1 st April	
Father's Name					
Occupation				Mobile No.	
Mother's Name					
Occupation				Mobile No.	
Communication Address					
Permanent Address					
Landline No.					
Email id					
Name of the previous School					
Class in which he/she is reading					
You came to know about the School from	Newspaper				
	Electronic Media				
	Hoardings/ Signboard/ Banners				
	Friends				
	Others				

Signature of Parent

Date:-

Signature of Counselor

Date:-