

Registration No: _____

Date: _____

SADEQUAIN EDUCATION SERVICES

REGISTRATION FORM

YEAR : 20 _____ TO 20 _____

Student's Particulars

Name: _____ Father's Name: _____

Date of Birth: _____ Class in which Admission is sought _____

School Last attend, with class: _____

Parent's Particulars

Tel. No Res: _____ Office _____ Mobile: _____

N. I. C. No:

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Parent's Office / Business Address: _____

Post held: _____

For Office Use:

Parent's Signature

Test / Interview taken on: _____

Fit for Class: _____ Admitted in Class: _____

G. R. No: _____ Date of Admission: _____

Principal's Signature

Sadequain Education Services

Reg. No: _____ Date: _____

Name of the Child: _____

Test for Admission to Class: _____

Test date: _____ Time: _____

Interview date: _____ Time: _____

Signature