SARASWA	τι Ε	BAL	. Mai		SENIO	R S	ECO	OND	AR	y Sc	CHC	OOL
Run by Sam B				0	<i>l by Vidya B</i> 110063 Pl						han	
Registration No	REGISTRATION FORM											
Name of Applicant	t											
Residential Addres												
Mobile No				_ Email I	D							
Date of Birth				Age as or	1 31-03-2	019_	<u> </u>	lears	N	lonths		Days
Gender 🗆 Male	🗆 Ferr	nale	Trans	gender								
Mother's Name	,											
Father's/Guardian												
Criteria Neighbourhood (0-7 km)	Points 50		Þlease ti								strat	tion Fee
Sibling Child of Alumni											Si	gnature
Girl Child												Date