



CHIRANJEEV CONCEPT SCHOOL

Hochar, Kanke, Ranchi – 834006, JHARKHAND

Website: - www.ccsranchi.com E-mail: ccsranchi1@gmail.com

Phone: - 9334716599

Registration form

Reg. No.....

NAME OF STUDENT:

GENDER (MALE / FEMALE) :

DATE OF BIRTH:

REGISTRATION FOR THE CLASS:

AADHAR NO.:

BLOOD GROUP: NATIONALITY:

MOTHER TONGUE: CATEGORY (GEN / OBC / ST / SC)

FATHER'S NAME:

QUALIFICATION:

PROFESSION OF FATHER:

MOTHER'S NAME:

QUALIFICATION:

PROFESSION OF MOTHER:

OFFICE ADDRESS:

.....

.....

RESIDENTIAL ADDRESS:

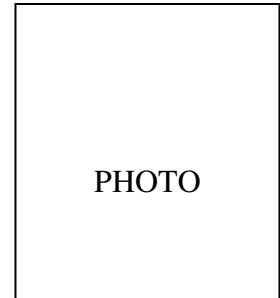
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PHONE NO.: (Mother)..... (Father)..... (Tick the no. for SMS)

E-MAIL ADDRESS:

NAME OF PREVIOUS SCHOOL:.....

PREVIOUS CLASS:.....



DATE :

SIGNATURE OF PARENT/GUARDIAN