







## **REGISTRATION FORM**

## Please fill this form with a black/blue pen in BLOCK letters only.

Are you already enrolled in Santosh Academia? If yes, please provide the following information below:	
Enrollment Number	
1. Details about the student	Paste your recent passport size colour photograph
a) Student's Name	here
c) Class (Current Academic Class)	
d) Date of Birth/e) Gender Male Female	
f) Last Annual Exam / Board Exam Aggregate Marks (%)	
g) Stream you will pursue / pursuing after Class 10 <sup>th</sup> {Please tick}	
Engineering Medical Humanities Commerce If other, please specify	
h) Category: General SC ST OBC EWS	
2. Contact Details	
a) E-mail ID and Mobile Number	
Mobile Number E-Mail ID (Please Fill in BLOCK Lett	ors Only)
Student Student	ers Offiy)
Father	
Mother	
b) Address	
PIN Code	
3. Details about the school Presently Studying	
a) School Name & Address	
City / Town	
Pin Code Phone No	
<b>b)</b> Board (to which the school is affilated)	hool
4. Are you receiving any specialized exam coaching? {Please tick} Yes No	
If Yes, Name of your Coaching Institute	
Since (Year)	
5. Details about your sibling	
Name (Brother / Sister)	
<b>6. How did you come to know about Santosh Academia?</b> Newspaper Advt  Social Media  Newspaper Insert  Banner / Poster  Website  E	Emailor (
Hearding A Padio A Procent/Ex Santach Academia student A Erionds / Polatives A Too	