Form No.





REGISTRATION FORM

Present Class/standard	:	7th 8th 9th 10th Section:
Education Board	:	CBSE ICSE Other
Student Name (Full Name)	:	
School Name	:	:
Date of Birth (DD/MM/YYYY)	:	
Gender	:	Male Female
WhatsApp Mobile No.	:	
Alternate Mobile No.	:	
Residential Address	:	
City / Town	:	Pin Code :
District	:	State :
Career Ambition	:	ENGINEERING MEDICINE COMMERCE LAW
		OTHERS

- I/we agree to receive regular updates about the Talent Quest Exam and programs offered by Pradhan Madam's Academy.
- I/we hereby declare that all particulars stated herein are true and correct to the best of my knowledge and belief.

Student's / Parent's Signature