REGISTRATION FORM

Reg. No. .....

Date .....

MOBILE
99919 18624
85271 10778

VIKRAMADITYA ACADEMY

PLOT NO. 11, WAZIRPUR ROAD, OPP. AMRITA HOSPITAL, MVN SCHOOL, EDUCATION HUB,
PALWALI SECTOR-88, GREATER FARIDABAD – 121002

SAINIK SCHOOL • MILITARY SCHOOL • RIMC

FILL ALL COLUMNS IN CAPITAL LETTERS

Candidate's Name (as on Aadhaar) .....

.....

DOB ..... **Domicile** Yes / No .....

Class .....

Affix your latest self-signed coloured photograph with white background

ADDRESS

Permanent Address .....

.....

..... **PIN** .....

Temporary Address .....

.....

..... **PIN** .....

PARENT / GUARDIAN DETAILS

Father's Name ..... **Qualification** .....

Mother's Name ..... **Qualification** .....

Contact No. (Father) ..... **(Mother)** .....

E-mail .....

Civilian ☐ **Defence** ☐ **Male** ☐ **Female** ☐

Any Medical Information About Child .....

Sign. of Student	Sign. of Admin. I/C	Sign. of Parent / Guardian