



# Summer

## WORKSHOP



### EDGE DIVISION

### APPLICATION FORM 2017-18

#### RESIDENTIAL & NON RESIDENTIAL

Roll No.

Photo

**Important Instructions :**  
 Use only CAPITAL LETTERS to fill-up the entire form  
 Use only Black / Blue Ball Point Pen to fill-up form.

• **Workshop Name**

Name of Bank	Mode of Payment (DD/Cheque/online)	DD / Cheque No.	Amount	Receipt No.

1. **Student Name**

2. **Father's Name**

3. **Date of Birth** Day  Month  Year  4. **Gender** Male  Female

5. **Category** GEN.  OBC  ST  SC  6. **Class**

7. **Name of School**

8. **Applicant's Correspondence Address (Do not write your name & father's name here)**

Dist.  State   
 Pin Code  Tel. No. (with STD Code)   
 Mob.1  Mob.2   
 Email ID

#### DECLARATION BY THE APPLICANT

I hereby certify that the information given in the Registration Form is complete and accurate to the best of my knowledge and belief. I understand and agree that misrepresentation or omission of facts will justify the denial / cancellation of my enrollment in the Programme.

Signature of the Parent/Guardian \_\_\_\_\_ Signature of the Applicant \_\_\_\_\_ Date : \_\_\_\_\_