

**Registraion Form**

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| --- | --- |
| Name of Institution/College/School : |  |
| Name of Head: |  |
| Contact Number: |  |  |  |  | -- |  |  |  |  |  |  |  |
| Complete Address: |  |
| Test Date: |  |
| Total Number of Students: |  |

**List of Students:**

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| **Sr. No#** | **Name of Students** | **Father Name** | **Age** | **Class** |
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Signature & Stamp Date: \_\_\_\_\_\_\_\_\_\_\_\_