



## REGISTRATION FROM

Admission for : \_\_\_\_\_

Date of Admission : \_\_\_\_\_

• Name of ward : \_\_\_\_\_

• Name used at home : \_\_\_\_\_

• Address : \_\_\_\_\_

• Date of Birth (With Certificate): Date \_\_\_\_\_ Month \_\_\_\_\_ Years \_\_\_\_\_

• Fathers Name: \_\_\_\_\_

Qualification: \_\_\_\_\_ Occupation \_\_\_\_\_

Off Address : \_\_\_\_\_

Ph (o) : \_\_\_\_\_ (R) \_\_\_\_\_

• Mothers Name: \_\_\_\_\_

Qualification: \_\_\_\_\_ Occupation \_\_\_\_\_

Ph (o) : \_\_\_\_\_ (R) \_\_\_\_\_

Little about your child: \_\_\_\_\_

Allergy if any: \_\_\_\_\_

• Any special Instruction: \_\_\_\_\_

• I Declare that all the above information given is true.