

## ADDITIONAL STUDENT'S REGISTRATION FORM

Please fill in CAPITAL letters.

IKLC INSTITUTION CODE:

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<b>INSTITUTION NAME</b>	
<b>ADDRESS</b>	
<b>PHONE/CELL NO. (S)</b>	
<b>PRINCIPAL'S NAME</b>	
<b>CELL NO.</b>	
<b>E-MAIL</b>	

**Previous** Deposit Slip/Bank Draft/Pay Order No: \_\_\_\_\_ Dated: \_\_\_\_\_  
amounting to Rs. (in figures) \_\_\_\_\_ as registration fee for total number of \_\_\_\_\_ students.

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**New** Deposit Slip/Bank Draft/Pay Order in original bearing No: \_\_\_\_\_ Dated: \_\_\_\_\_  
amounting to Rs. (in figures) \_\_\_\_\_ as registration fee for total number of \_\_\_\_\_  
new students @ Rs.700 per student in favour of **IKLC**.

\_\_\_\_\_  
**SIGNATURES & STAMP**  
PRINCIPAL/HEAD  
OF THE INSTITUTION

