

ADDITIONAL STUDENT'S REGISTRATION FORM

Please fill in CAPITAL letters.

IKSC INSTITUTION CODE:

--	--	--	--	--	--

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

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

New Bank Draft/Pay Order/Deposit Slip in original bearing No: _____ Dated: _____
 amounting to Rs. (in figures) _____ as registration fee for total number of _____
 new students @ Rs.600 per student in favour of **IKSC**.

SIGNATURES & STAMP
 PRINCIPAL/HEAD
 OF THE INSTITUTION

S.NO	STUDENT'S NAME	FATHER'S NAME	CLASS