

SCHOOL REGISTRATION FORM

FALAH GROUP OF
INSTITUTES



+91-60031 47684

fgisuper35@gmail.com

Elphistone Complex, MG Rd,

Fauzdaripatty, Nagaon, Assam 782001

INFORMATION

Admission Number: _____ Date of Admission: _____ Class & Section: _____

STUDENT INFORMATION

USE CAPITAL LETTERS

Name: _____

Applying for Class: _____

Date of Birth: / /

Home Address: _____

Town: _____

State: _____

Pin Code: _____

Gender: Male Female

Previous School (if any): _____

Nationality: _____

Religion/Catagory: _____

Student Aadhar No: _____

GUARDIAN INFORMATION

USE CAPITAL LETTERS

Father's Name: _____

Occupation: _____

Mother's Name: _____

Occupation: _____

Phone Number: _____

Email Address: _____

CONSENT & AGREEMENT

I certify that the above information is correct to the best of my knowledge.

Documents Submitted:

- Birth Certificate
- Aadhar Card
- Passport Size Photographs

Date: / /

Signature: _____