

ADDITIONAL STUDENT'S REGISTRATION FORM

Please fill in CAPITAL letters.

IBIC 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 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. 1000 per student in favour of Creative Learning.				
SIGNATURES & STAMP PRINCIPAL/HEAD				
OF THE INSTITUTION				

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