

**Registration Form**

I wish to enroll myself for the course

Academic Year

Name ( in capital Letters) : .....

Date of Birth : .....

Sex : Male: Female

Community : OC :  OC  BC  MBC  SC  ST

Father's/ Guardian's Name : .....

Address for Communication : .....

Pin .....

Tel No.....Mobile.....

Email.....

Educational Qualification :

Examination Board	Course and Subjects	Board/University	Year of Passing	Percentage of Marks
10 +2				
10+3 Diploma (any Stream				
International Baccalaureate Diploma after 10 year Of Schooling				

Registration fee: ..... Cash / DD

How do you know about SDS?

Direct  Educational Agency  Advertisement Others.....

I promise to abide by all norms and rules of SDS.

Place

Date:

Signature of Applicant