



SHISHU NIKETAN HIGH SCHOOL
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REGISTRATION FORM
(SHISHU NIKETAN ALUMNI ASSOCIATION GUWAHATI)

NAME: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

BIRTH: _____ SEX: MALE/FEMALE BLOOD GROUP: _____

MARITAL STATUS: _____

PRESENT ADDRESS _____

PERMANENT ADDRESS: _____

H.S.L.C BATCH (Year): _____

YEAR OF JOINING THE INSTITUTION: _____

QUALIFICATION: _____

OCCUPATION: _____

HOBBIES: _____

EXTRA CURRICULAR ACTIVITIES: _____

CONTACT NO: _____

E-MAIL: _____

DATE: _____

FULL SIGNATURE

PHOTO

DATE OF

OFFICE USE

Registration No. : _____

Pass Out Year : _____

Authorized Signatory : _____

Date: _____