



**REGISTRATION FORM**  
**LBS Scholarship Test 2018-19**

**PARTICULARS OF STUDENT**

Name of the Child : \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Name of the school currently studying in: \_\_\_\_\_

**PARTICULARS OF PARENTS / GUARDIAN**

Father/Guardian

Mother / Guardian

Name \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Designation \_\_\_\_\_

\_\_\_\_\_

Ph.No \_\_\_\_\_

\_\_\_\_\_

**ADDRESS & PHONE NO**

Address \_\_\_\_\_

\_\_\_\_\_ Ph.No: \_\_\_\_\_

- Kindly submit a photocopy of the last year's report card along with the form.

**FOR OFFICE USE**

Registration no. \_\_\_\_\_

Remarks \_\_\_\_\_

**Director / Principal Signature**

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Name of child: \_\_\_\_\_ Class: \_\_\_\_\_

Registration no . issued \_\_\_\_\_

**Auth. Signature**