



VIBRANT ACADEMY

Believe in Excellence (India) Pvt. Ltd.

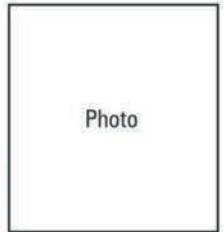
WORKSHOP NAME

Important Instructions:

Use only CAPITAL LETTERS to fill-up the entire form
Use only Black / Blue Ball Point Pen to fill-up the form.

Roll No.

(New Students should leave this column blank)



Photo

1. Applicant Name

2. Father's Name

3. Date of Birth Day Month Year

4. Gender Male Female

5. Category GEN. OBC ST SC

6. Class

7. Name of School:

8. Mobile

9. Address

DECLARATION BY THE APPLICANT

I hereby certify that the information given in the Registration Form is complete and accurate to the best my knowledge and belief. I understand and agree that misrepresentation or omission of facts will justify the denial / cancellation of my enrolment in the Programme.

Signature of the Parent / Guardian _____ Signature of the Applicant _____ Date: _____



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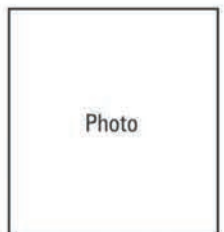
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