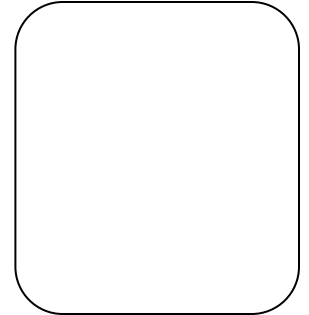


MS LIBRARY

Add-Wazirabad Bhagirathpur, Ghazipur

ADMISSION FORM



ADMISSION DATE -

BATCH TIME - SHEET NO. -

NAME OF STUDENT -

FATHER'S NAME -

CONTACT NO. -

ADDRESS-

SR.No.	DATE/MONTH	AMOUNT
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Student Sign.-

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Guardian Sign.-

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