

# KANGRA VALLEY

SR. SEC. SCHOOL  
ENGLISH MEDIUM CO-EDUCATIONAL  
Sheela Chowk, Dharamshala

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## REGISTRATION FORM

REGISTRATION NO. \_\_\_\_\_ CLASS \_\_\_\_\_

NAME \_\_\_\_\_

FATHER'S/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ DATE: \_\_\_\_\_



*Candidate's Signature*

*Parent's Signature*

*Office Incharge*

❖ Amount once deposited is not refundable