

Dr.L.M.SINGHVI VEDA VIDYA PITHAM
9600083203,8870143888, 8870666996

Registration Slip- VEDIC+ CBSE

1. Academic year : _____
2. Name of the student : _____
3. Date of Birth of the Student : _____
4. Gothram and Veda : _____
5. Address : _____

6. Phone Number : _____
7. E-mail address : _____
8. Father's Name and Occupation : _____

9. Mother's Name and Occupation: _____
10. Mother's Gothram : _____
11. Currently studying in Class : _____
12. Name of the present school and Address : _____

13. Admission sought for : _____
14. Upanayanam performed : Yes/No
15. Anyone in the family pursued Vedic Education (Uncle/Grandfather) : _____
16. Other particulars if any : _____

Note: Registration form not completely filled up would be rejected.

Date

Signature