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Registration Form

Name : First.....Middle.....Last.....
 Date of Birth: Sex:
 Father's / Husband Name:
 Mother's Name:
 Profession: Father:
 Mother:



Present Postal Address:

Permanent Postal Address:

Contact No. (R) Mob. : E-mail ID.....

Height.....Ft.....Inches Weight.....Kg. Eyesight.....

Educational Qualification:

Exam Passed	Board/University	Subject	Division / %

Brief about your goal in life.....

How do you come to know about SKY: Newspaper Stickers Banners Cable TV Others

Provide reference if any:

(1) Name..... (2) Name..... (3) Name.....
 Contact No..... Contact No..... Contact No.....

(Signature of the candidates)

Date: