

KIDS KINGDOM CONVENT SCHOOL SINGHEWALA
Dr. APJ ABDUL KALAM OPEN SCHOLARSHIP EXAMINATION-2024-25
REGISTRATION FORM

Name of Student -----

DOB (D-M-YY) ----- Sex Male / Female

Present Class ----- Percentage in Previous Class -----

Present School -----

Father's Name -----

Occupation ----- Contact No. -----

Mother's Name -----

Occupation ----- Contact No. -----

Correspondence address -----

email address -----

Optional language (Hindi / Punjabi) -----

Signature of Student

Signature of Parents

FOR OFFICE USE

Registration Fee Rs. 250/500 received vide Receipt No. ----- date -----

Registration No. KKCS/APJAK Sch. /-----/ 2024 Roll. No. -----/ 2024

EXAMINATION CELL
Accounts Officer