KIDS KINGDOM CONVENT SCHOOL SINGHEWALA

REGISTRATION FORM FOR Dr. APJ ABDUL KALAM SCHOLARSHIP- 2026-27

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 ----------

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email address ----------

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

Signature of Student

Signature of Parents

FOR OFFICE USE

Registration Fee ₹. 250/ received vide Receipt No. ---------- date ----------

Registration No. KKCS/APJAK Sch. /----------/ 2026 Roll. No. ----------/ 2026

EXAMINATION CELL

Accounts Officer