



SOPHIA GIRLS' SR. SEC. SCHOOL, BHILWARA (RAJ.)
SOPHIA BHILWARA ALUMNI ASSOCIATION

REGISTRATION FORM

NAME:

NAME: FATHER/HUSBAND.....

DATE OF BIRTH:MARITAL STATUS

LAST CLASS ATTENDED:.....

YEAR OF PASSING:.....

EDUCATIONAL STATUS:.....

- CLASS XII FROM:.....
- GRADUATION FROM:.....
- POST GRADUATION FROM:.....

JOB:.....

PERMANENT ADDRESS:.....

CONTACT NO.:

PARENT'S: OWN :

NOTE: LIFE TIME REGISTRATION FEE : 500/-

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DATE

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SIGNATURE

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SOPHIA BHILWARA ALUMNI ASSOCIATION

ACKNOWLEDGMENT RECEIPT

Received a sum of Rsfrom

.....against registration.

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Date

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Signature