

20/2 Stratford House, Opp. Sanghi Brother A.B. Road.,  
Indore, Tel. 0731-4294777, 4224222, Mob. 98267-52000

**FOR OFFICE USE ONLY**

Enquiry No.

Registration No.

**Name** [IN BLOCK LETTERS]

**Gender** [IN BLOCK LETTERS]  Male  Female **Date of Birth** [DD/MM/YYYY]

**Father's / Guardian's Name** [IN BLOCK LETTERS]

*Please Affix a  
Passport Size  
Photograph Here*

**Address for correspondence** [IN CAPITAL LETTERS] \_\_\_\_\_  
City \_\_\_\_\_ Pin

Ph.No.  -  Mobile No. \_\_\_\_\_

**Permanent Address** [IN CAPITAL LETTERS] \_\_\_\_\_  
City \_\_\_\_\_ Pin

Ph.No.  -  Mobile No. \_\_\_\_\_

E\_mail Address \_\_\_\_\_ Want to Join Stratford School Programme Y/N

**FOR OFFICE USE ONLY**

**Course Applied For** (refer brochure for details)  **Target Year**  **Batch**

Name of the school where studying presently (or last attended):- \_\_\_\_\_

Medium  English  Hindi Class going to  Board

**Category** [Tick appropriate box] Gen  SC  ST  Ex  PH  DK  OBC

Father's Guardian's Occupation  Business  [Name of Business] Farmer

Occupation  Service  [Name of Company/Department with post]

**ACADEMIC DETAILS**

Examination	Maths %	Science %	Over All %	Examination	Physics	Chemistry	Maths	Over All %
7th Class				10th Class				
8th Class				11th Class				
9th Class				12th Class				