



TRANSLAM ACADEMY INTERNATIONAL

(MAWANA ROAD, MEERUT - 250 001)

REGISTRATION FORM

Session: 2024-2025

(ALL DETAILS SHOULD BE FILLED IN CAPITAL LETTERS)

Form No.: _____ Class of Admission: _____ Date of Registration: ___ / ___ / ___

Student Name: (as per T.C. / Birth Certificate) _____

Aadhaar no.: (if any) _____

Date of Birth: (as per T.C. / Birth Certificate)

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Gender: _____ (Male/Female) Caste: _____ (Gen./OBC/SC/ST)

Father's Name: _____

Qualification: _____ Profession: _____

Mother's Name: _____

Qualification: _____ Profession: _____

Present Address: _____

Permanent Address: _____

School Last Attended with address: _____

Transport Required (Yes / No): _____

Mobile No.:	Father	Mother	Guardian	Office
	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

Administrator

Principal