



EDUCATION SOLUTION

An Initiative of Vaishali Education Point

STUDENT'S PERFORMA

NAME : _____

MOTHER'S NAME : _____

FATHER'S NAME : _____

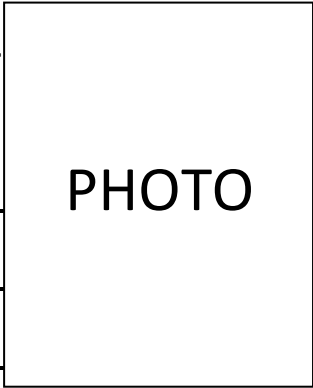
OCCUPATION : _____

ADDRESS : _____

PHONE NO. : (R) _____ (M) _____

SELECTED SUB : (A) _____ (B) _____

(C) _____ (D) _____ (E) _____



PREVIOUS YEAR PERCENTAGE : _____

FROM WHERE YOU GOT OUR REFERENCE

MAGAZINE HORDINGS INTERNET PAMPHPLETS

INTERNET (IF YES? MENTION WEBSITE NAME) : _____

DATE OF JOINING : _____

DAYS : _____

TIME PERIOD : _____

CENTER : _____

PARENTS SIGNATURE

STUDENT'S SIGNATURE

NOTE : FEES MUST BE DEPOSITED IN BETWEEN 1ST TO 7TH OF THE MONTH