

REGISTRATION FORM



FOR OFFICE USE

CENTRE ID:-

FORM NO:-

PROGRAM:-

DAY:-

TIME:-

DATE OF ENROLMENT:-

STUDENT CODE:-

STUDENTS' DETAILS

FULL NAME OF THE STUDENT

DATE OF BIRTH (DD/MM/YY)

GENDER (M / F)

GRADE / SEMESTER

NAME OF THE
SCHOOL / COLLEGE / UNIVERSITY

PARENT'S / GUARDIAN'S DETAILS

FATHER'S DETAILS

MOTHER'S DETAILS

PARENTS' FULL NAME

MOBILE NUMBER

EMAIL ID

EMERGENCY CONTACT

FACEBOOK ID /
INSTAGRAM

FULL RESIDENTIAL ADDRESS

POSTAL CODE:-

I confirm that I am the parent or legal guardian of the child(ren) listed and have full legal authority to complete this registration.
I agree to comply with all Brain Master rules and regulations at all times.

Signature of the Parent / Guardian

Brain Master Inc