**Student Registration Form**

|  |  |  |
| --- | --- | --- |
| Name | : |  |
| Postal Address | : |  |
| City | : |  |
| State | : |  |
| Email ID | : |  |
| Phone | : |  |
| Date Of Birth | : |  |
| Educational Qualifications | : |  |

Send the completed form by email on srs@ssharad.com