



MANTRA CAREER INSTITUTE

Belisarai ,Station road ,Near DEO Office, Motihari

Contact us: - 8210256391,7762073147,9525520518

Website: - mantracareerinstitute.com

REGISTRATION FORM

Date: ___ / ___ / ___

MANTRA CHHATRAVRITI EXAM

Tick(✓) to the class studying 10th 9th 8th

School Name & Address :

Affix latest
passport size
color photograph

Personal Details:- (Fill in Capital Letters)

1) Name

2) Mother's Name:

3) Father's Name/Guardian Name:

4) Father's/Guardian occupation:

5) GENDER: MALE FEMALE 6) Category:- (GEN/OBC/SC/ST)

D D M M Y Y

7) Date of Birth

8) WhatsApp Mob. No.

9) Father's Mobile No.:

10). Nationality .:

11. Communication Address:-

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- How did you come to know about MANTRA- Promotion Newspaper Teacher's
Friend's/Relations Ex Mantra Website

Date:-.....

Place:-.....

Sign. Of Student

Declarations

I certify that the information provided in the registration form is correct to the best of my knowledge.

Sign. Of Parent/Guardian