

Centre Code:-

Form No:-



MANTRA CAREER INSTITUTE

Belisarai (In Front of Atal Dwar) , 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)[illegible]

2) Mother's Name:

[illegible]

3) Father's Name/Guardian Name:

[illegible]

4) Father's/Guardian occupation:

[illegible]

5) GENDER: MALE ☐ FEMALE ☒

6) Category:- (GEN/OBC/SC/ST)

7) Date of Birth

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8) WhatsApp Mob. No.

9) Father's Mobile No.:								
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10). Nationality .:					
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11. Communication Address:-

➤ 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