

ST. ALOYSIUS SCHOOL, GAUR

Student Registration Form 2026-27

CLASS		
Student's Name: *		
w .		
Gender: * Date of	Birth	
Fotbada Nama in full *		
Father's Name in full *		
Father's Occupation: *	Office/Company Name:	Father's Mobile No. *
Father's Occupation: *	Office/Company Name:	Fauter's Mobile No.
Mother's Name in full *		
Mother's Occupation: *	Office/Company Name:	Mother's Mobile No. *
D-lining *	Net	
Religion *	Natio	nality *
Category/Caste *	Sub (Caste *
State *	District *	Blood Group *
Samagra ID: Aadhar	No.	
Name of Bank *	IFSC Code *	Account No. *
Physical Problem/Disability (If Any) *	Type of Disability *	Disability Percentage *
Thysical Floblenionsability (IFAIIy)	Type of Disability	Disability I electricage
Address *		
Enter Address Here		
Note: Admission will be given only if seats are	available.	