



GHAZIABAD PUBLIC SCHOOL

ALUMNI REGISTRATION FORM

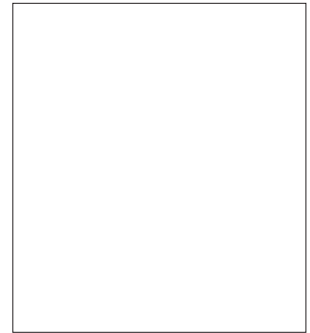
Name..... Contact No.....

Father's Name.....Contact No.....

Mother's Name.....Contact No.....

DOB.....E-mail:.....

Address:.....



Educational Qualification

Sl.no.	Qualification	Name of the Institute /University	Year of Passing
1.	X		
2.	XII		
3.	Graduation		
4.	Post Graduation		
5.	Any Other		

Professional Experience/ Designation

Sl.No.	Name of Organisation	Designation	Address

Marital Status: Y/N .Wife/Husband Name..... Total Children..... (1) Name.....
Age.....NameAge.....Name.....Age.....

GPS for you is.....

Date.....Name.....Signature.....