

Name :

Address :

Pin.....

(For free Success series Book)

Class:.....

Affix Rs.4/- stamps

Name :

Address :

Pin.....

(For the Model Question Paper)

Class:.....

Affix Rs.4/- Stamps

Name :

Address :

Pin.....

(For Student's Performance Report)

Class:.....

Affix Rs.5/- stamps

NOTE: Fill the form in BLOCK LETTERS and use tick marks wherever required.

REGISTRATION FORM -SLTSE(A.P.) -2009

Have you taken the SLTSE-2008 Yes [] No []

Name of the Student: _____

Sex: Male [] Female [] Name of the Parent / Guardian: _____

Address for Communication: _____

_____ District _____ Pin _____ Ph: _____

School Name & Address: _____

_____ Pin _____ Phone (with STD Code) _____

Class: 4 [] 5 [] 6 [] 7 [] 8 [] 9 [] 10 []

Name of the Test Centre: Center Code [][][][] _____ (Select from the list given)

Details of D.D.: Amount Rs. _____ D.D.No.: _____ Dated: _____ Name of the Bank: _____

WRITE YOUR NAME & ADDRESS AT BACK-SIDE OF THE DEMAND DRAFT

Student's Performance Report (SPR) required: Yes [] No []

[Signature box]

Signature of the Parent / Guardian

[Signature box]

Signature of the Student

For office use only: Reviewed by: _____ Dt.: _____ Registration Form is O.K. [] Not O.K. [] If not O.K., SCRUTINY FORM No.: _____

For office use Only. Coordinator's ID No.

UCF/AP-Regis/05