



Competition & Fun Fair

REGISTRATION FORM FOR SMART BABY COMPETITION

Name of Child.....

Date of Birth.....Sex..... Age.....

Residential Address

Mobile No.

Father's Name Occupation.....

Mother's Name Occupation.....

Sibling Details

Name of Brother/Sister	Age	School in which studying

Important Documentation to bring during Audition

(1) Birth Certificate

(2) vaccination Card

रजिस्ट्रेशन फ्री

Signature of Parents/ Guardian

रजिस्ट्रेशन पहले आओ पहले पाओ के आधार पर

Name of Child.....Father's Name.....

Date of Birth.....Sex..... Age.....

-अधिक जानकारी के लिए सम्पर्क करें-

9893019707, 8989527217, 7566666606, 7869303832, 07412-297502