



SHIKSHA PRABODHAN PARIKSHA

Registration Form

Personal Information

Full Name: _____

Father's Name: _____

Mother's Name: _____

Date of Birth (DD/MM/YYYY): / /

Gender: () Male () Female () Other

Identification Mark: _____



Contact Information

Phone Number: _____

Email Address: _____

Aadhar no. : _____

Examination Details

Examination Center Preferences:

NIRMALI ☐

LAUKAHI ☐

NARHIYA ☐

CHHATAPUR ☐

MAHADEVMAH ☐

BARUAR ☐

NOTE- Write your suitable preference for center in boxes

Educational Background

Applying for : Part A (Class 6th to 8th) ☐ Part B (Class 9th to 11th) ☐

Class: _____ School _____

Additional Information

Address: _____

Village/Mohalla: _____

Post Office: _____

Block: _____

District: _____

Pincode: _____

Sign. of candidate

- ☐ Fill your details as per aadhar card
 - ☐ Attach a copy of Aadhar Card
 - ☐ Examination fee is 51/- only
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