

For becoming member of SLFC - 2024-25

Please enter your Email ID: _____

Name of the applicant who wishes to be a SLFC member.(if both the parents are not available the guardian of the ward will be eligible): _____

Relation to your child :- (Please tick in appropriate column)

Father ()

Mother () Guardian ()

Name of your child: _____

School Reg.No.of your child (scholar no.): _____

Class and Section of your ward: _____

Mobile number and WhatsApp number of the applicant: _____

Cleared all the dues mentioned in point no.2 and 7 of the conditions in the PDF:

Yes ()

No ()

Highest qualification of the applicant (Please attach the relevant certificate/marksheet)

Fee Receipt for 1st quarter financial year 2024-2025.

Scanned photo of Aadhar card of the applicant

Aadhar Card No.: _____

Mobile Number: _____

Signature of the applicant

Date: