



ܡܠܢܟܪܐ ܝܥܩܒܝܬܐ ܣܘܪܝܐܐ ܣܘܢܕܝܐܝܬܐ ܥܘܣܒܐ ܕܡܠܢܟܪܐ ܣܘܪܝܐܐ

# MALANKARA JACOBITE SYRIAN SUNDAY SCHOOL ASSOCIATION

## STUDENT'S ONLINE REGISTRATION FORM FOR J.S.S.L.C. EXAMINATION 20.....

Name of Sunday School:

District:

Diocese / Zone:

(Fill in English Capital Letters)

Marks: ...../100

Name of the Student :

Gender :

Address :

Postal Code :

Name of Father :

Name of Mother :

Baptismal Name :

Date of Birth :

Age :

Phone No. :

Regular / Private :

Date of Registration :

Signature of Headmaster :

Signature of Inspector:

Signature of the Student

(Fill in English Capital Letters)

Marks: ...../100

Name of the Student :

Gender :

Address :

Postal Code :

Name of Father :

Name of Mother :

Baptismal Name :

Date of Birth :

Age :

Phone No. :

Regular / Private :

Date of Registration :

Date of Registration :

Signature of Headmaster :

Signature of Inspector:

Signature of the Student

(dd/mm/yyyy)



ܡܠܢܟܪܐ ܝܥܩܒܝܬܐ ܣܝܪܝܐ ܣܘܢܕܝ ܣܚܪܐ ܥܘܠܡܝܐ ܕܡܪܝܢܐ

# MALANKARA JACOBITE SYRIAN SUNDAY SCHOOL ASSOCIATION

## STUDENT'S ONLINE REGISTRATION FORM FOR PLUS ONE EXAMINATION 20.....

Name of Sunday School:

District:

Diocese / Zone:

(Fill in English Capital Letters)

Marks: ...../100

Name of the Student :

Gender :

Address :

Postal Code :

Name of Father :

Name of Mother :

Baptismal Name :

Date of Birth : (dd/mm/yyyy) Age:

J S S L C Year/Reg No:

Phone No. :

Regular / Private : Signature of the Student

Date of Registration :

Signature of Headmaster : Signature of Inspector:

(Fill in English Capital Letters)

Marks: ...../100

Name of the Student :

Gender :

Address :

Postal Code :

Name of Father :

Name of Mother :

Baptismal Name :

Date of Birth : (dd/mm/yyyy) Age:

J S S L C Year/Reg No:

Phone No. :

Regular / Private : Signature of the Student

Date of Registration :

Signature of Headmaster : Signature of Inspector:



سَبِّحْهُ وَصَلِّ عَلَيْهِ وَسُبِّحْهُ وَصَلِّ عَلَيْهِ وَصَلِّ عَلَيْهِ وَصَلِّ عَلَيْهِ

# MALANKARA JACOBITE SYRIAN SUNDAY SCHOOL ASSOCIATION

## STUDENT'S ONLINE REGISTRATION FORM FOR PLUS TWO EXAMINATION 20.....

Name of Sunday School:

District:

Diocese / Zone:

(Fill in English Capital Letters)

Marks: ...../100

Name of the Student :

Gender :

Address :

Postal Code :

Name of Father :

Name of Mother :

Baptismal Name :

Date of Birth :

(dd/mm/yyyy) Age:

PLUS ONE Year/Reg No:

Phone No. :

Regular / Private :

Signature of the Student

Date of Registration :

Signature of Headmaster :

Signature of Inspector:

(Fill in English Capital Letters)

Marks: ...../100

Name of the Student :

Gender :

Address :

Postal Code :

Name of Father :

Name of Mother :

Baptismal Name :

Date of Birth :

(dd/mm/yyyy) Age:

PLUS ONE Year/Reg No:

Phone No. :

Regular / Private :

Signature of the Student

Date of Registration :

Signature of Headmaster :

Signature of Inspector: