



TRACE ACADEMY

Registration Form

This space is where you can share information on the section, such as: topic, discussion points, goals and activities.

DATE OF REGISTRATION

 / /

PERSONAL INFORMATION

Full Name :	<input type="text"/>		
Nickname :	<input type="text"/>	Place Of Birth :	<input type="text"/>
Date of Birth :	<input type="text"/> / <input type="text"/> / <input type="text"/>	Nationality :	<input type="text"/>
Email :	<input type="text"/>		
Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female	Domicile :	<input type="text"/>
Marital Status :	<input type="text"/>		
Country :	<input type="text"/>		
National Id No:	<input type="text"/>		
	CP Domicile :	<input type="text"/>	
	Start Time :	<input type="text"/>	
	Post Code :	<input type="text"/>	
	Phone :	<input type="text"/>	

ADDRESS

Present Address :	<input type="text"/>		
The City :	<input type="text"/>	Present State :	<input type="text"/>
Zip Code :	<input type="text"/>	Student Trustee :	<input type="text"/>

ADDRESS SCHOOL :

Register Signature

Officer Signature

 TRACE ACADEMY, 1st Street, Sumangali Nagar, Near Saibaba Temple, Thoppampatti Pirivu, Coimbatore - 641017

 9600234542

 contact@gvmschools.com

THANK YOU FOR REGISTRATION

Write your instructions here. You can add details or examples to help your reader along!