



Affix a PHOTO

## NEW CENTER REGISTRATION FORM

Please fill in the information below in English and in CAPITALS.

### FOR OFFICE USE ONLY

CENTER ID																				
CENTER CATEGORY																				

### CENTER DETAILS :

Center Name :																				
Center Address:																				
Location:																				
District:																				
State:																				
Contact Person Name:																				
Mobile No:																				
Other Mobile No:																				
Email ID:																				

### CENTER OWNER DETAILS :

Owner Name:																				
Father's Name:																				
Address:																				
District:																				
State:																				
Mobile No:																				
Other Mobile:																				
Email ID:																				
Aadhar No:																				
Date of Birth:																				
	D	D	M	M	Y	Y	Y	Y												

### Enclosures:

1. Owner's Aadhar Card

Signature of Applicant