

SOUTH ZONE SAHODAYA COMPLEX

Christ University Nodal Office, Vazhuthacaud

Thiruvananthapuram – 695 014

e-mail – southzonesahodayacomplex@gmail.com

MEMBERSHIP REGISTRATION FORM

1. Name of the School :
2. Affiliation No. & School Code : /
3. Address with Phone No. :
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4. Name of the Trust / Society :
5. Name of the Manager / Chairman :
6. Manager/Chairman Phone No. :
7. Name of the Principal :
8. Principal's Phone No. :
9. E-mail id of Principal / School :
10. Name of SZSC Contact Person at School :
11. Contact Person's Phone No. :

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Signature of Principal

Signature of Chairman

Name :

Name :