Register Number

FOCUS ACCOUNTS ACADEMY & TAX STUDY CENTRE

AN ISO 9001:2015 CERTIFIED INSTITUTION

BOARD OF EXAMINATION

REGISTRATION FORM FOR EXAMINATION

(TO BE FILLED IN BY THE CANDIDATES IN BLOCK LETTERS)

1	Focus Register Number		
2	Name of the Candidate		
3	Name of Father		
4	Name of Mother		
5	Year of Study		
6	Age & Date of Birth		
7	Sex		
8	Address of the Candidate		
9	Academic Qualification		
10	Place of the Centre		
11	Course Selected		
12	Mobile Number		

Signature of the Candidate	