



CHRIST
JUNIOR COLLEGE
 BANGALORE - 29

CHANGE OF ADDRESS

(TO BE SUBMITTED IN OFFICE)

Name of the Student: _____

Reg. No. : _____ Class: _____

Name of the Father / Guardian: _____

ADDRESS CHANGE:

Old Address

Pin Code: _____
Phone No.: _____

New Address

Pin Code: _____
Phone No.: _____

Signature of the Parent / Guardian

Signature of the Student



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