

Registration No.

Academic Session



Photo

Registration Form

Please ensure that you provide all the required information. Use CAPITAL LETTERS and tick () in appropriate boxes.

Class To Which Admission Is Sought _____

Student Information

Full Name _____

Previous school name _____

Sex : Male Female **Category :** Gen SC ST OBC

Date of Birth _____ (DD/MM/YY) Place of Birth _____ Nationality _____

Age (As on 1st March of the Current Year) years _____ Months _____ Mother Tongue _____

Birth Mark _____ Sports _____

Hobbies _____ Other Interests _____

Communication Address

Person Name _____ House Number or Building Name _____

Street _____ Village _____ District _____

State _____ Landmark _____ Pincode _____

Father Details

Mother Details

Name : _____ Name : _____

Occupation : _____ Occupation : _____

Designation : _____ Designation : _____

Mobile no. : _____ Mobile no. : _____

Email Address : _____ Email Address : _____

Address : _____ Address : _____

Local Guardian Details

Name : _____

Mobile No. : _____

Address : _____

Declaration by Parents

I _____ father/mother of _____ student of class, _____ section _____ declare to the school that he/she is not suffering from any medical problem /chronic disease.

I assure you that if there will be any change in his/her health status, it will be informed immediately to the Principal

Sibling Details

Name : _____ Age : _____

Class & Section : _____

Transport Service

to be availed not to be availed

Please provide any other information that could assist us in Admission process

I / We certify that the information given in the Registration Form is correct.

Signature of the Father

Signature of the Mother

Place _____

Date _____