

Admission to Class _____

Registration No. _____



THE SHIKSHIYAN SCHOOL

Affiliated to C.B.S.E

Sector 108 Gurugram

Website: www.theshikshiyanschool.com Email: theshikshiyanschool2010@gmail.com

(Session : 2018 - 2019)

Registration form

Passport size
photograph of Father

Passport size
photograph of Mother

Passport size
photograph of the
Child

Instructions for filling the form:

- Write in capital letters.
- Please give complete and correct information and all columns to be filled.
- Attach Photostat copy of the Transfer Certificate/Birth Certificate from the Municipal Corporation.
- Please attach 2 different proofs of your residence.

Details of the Child

First Name

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Last Name

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Date of Birth (in figures)

Date	Month	Year

Date of Birth (in words)

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Place of Birth -

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Nationality

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Gender Male Female

Category General SC ST OBC

Name of the school the child attended last

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Parents Details	Father	Mother	Guardian
Name			
Profession/Occupation			
Name of Organization			
Designation			
Office Address			
Tel.(Office)			
Tel. (Residence)			
Mobile No.			
Email Id			
Aadhar Number			

Address

Present Address	Permanent Address

Details of Children

- i) No. of brothers/sisters (including the child) _____
- ii) Details of school going children _____

Name	Class	Institution	Admission No. (If in this school)

Is the school Transport required?

Yes	No
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Please register my ward named above in your school.
I shall produce the original documents at the time of admission.

SIGNATURE OF PARENT/GUARDIAN

UNDERTAKING

I, _____ father/mother/guardian of _____ hereby declare that information given above by me is based on facts and authentic records. I fully understand that the school, on accepting the registration form of my ward is not bound to grant admission and I also agree that the decision of the school authority regarding admission will be final and binding on me. Admission of my child may be cancelled if any information is found to be false.

SIGNATURE OF PARENT/GUARDIAN