Registration fee Received

Admission Test Fee Received

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Public School

jhadina (Garhmukteshwar) contact - 7037771360.

REGISTRATION FORM

1. Student's Name (In																				
C	apita	al let	tter	s)																
												2. /	٩dmi	issio	n so	ught	to c	lass		

3. a) Date of Birth (in			(Birth	certifi	cate from municipality or Transfer							
Figures)			Certificate must accompany this from)									
b) Date of Birth (in												
words)												
4. Nationality Status: SC/ST/OBC/Gen Category												
5. Father's Name												
6. Profession/ Designat	tion				7. Monthly income from all							
					Sources							
8. Mother's Name Profession												
9.(a) Name of previous	school atten	ded with da	tes									
(b) Class in which stu	dying at prese	ent										
(Please enclose copy o	• •				•							
(c) Position attained in the last examination in the previous school out of												
(d) Medium of instruct	(d) Medium of instruction in the previous school (English/Hindi)											
(e) Proficiency in game												
10. Name and class of	any real broth	ner studying	in the school									
11. Please mention if t	he student ha	s applied fo	r admission ea	lier.								
If so, please mention	on year and cl	ass										
12. Correspondence Ad	ddress : -											
••••••			••••••									
	•••••			•••••								
T . I I	D		0(()		0.1							
Telephone no.	Res :		Office		Cell :							
13. Person to be												
Contacted												
(in case of emergency)												
	Tel No: C)††	Kes		Cell							