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 : -   |              |  |         |                                    |  |  |  |  |  |  |  |
|   |  |              |  |         |                                    |  |  |  |  |  |  |  |
| ••••••  |  |              | ••••••                                 |         |                                    |  |  |  |  |  |  |  |
|   | •••••  |              |  | •••••   |                                    |  |  |  |  |  |  |  |
| <b>T</b> . 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                               |  |  |  |  |  |  |  |
|   |  |              |  |         |                                    |  |  |  |  |  |  |  |
|   |  |              |  |         |                                    |  |  |  |  |  |  |  |