Cuture Knowlege Excellence ©01592-22151 Second							
Serial No	Registration Form						
FOR OFFICE USE							
Registration Date	Class	Stream					
Hosteller/ Day Scholar/ Bus Route							
	Photo Photo						
Sign. Of Clerk							
INFORMATION ABOUT THE STUDENT -							
Student Name : (In Block Letters)							
Date of Birth in Fig.	In words						
Father's Name	Occupation						
Mother's Name	Occupation						
Total family member	Brother	'S	Sister	•			
Total Income (Mother & Fat	-						
-	Caste GEN/SC/ST/OBC						
	Stream						
For XI Class Subject: -							
Compulsory 1							
Optional 1	2	3	4				

_____ Phone/ Mobile No. ______

Permanent Address _____

Signature of Father/ Guardian

EDUCATIONAL BACKGROUND							
Name of Previous School Attended							
Class	Stream	1	_Medium	Percentage			
Subject taken in previous Class							
Compulso	ory 1	2	3	4			
Optional 2	l	2	3	4			
City			_ State				
CERTIFICATES TO BE ENCLOSED							
(i)	Transfer Certifi	cate	(ii) Mark Sheet	of Last Class			
(iii)	Character Certificate (iv) Migration Certificate						
(v)	Aadhar Card		(vi)				
				Checker's Sign			
ADMISSION ACCEPTANCE							
Checked b	y office Receipt i	10	Rs	Signature of Cashier			
				C			
Checked by Class Teacher Signature of Class Teacher							
Admitted in Class Stream							
Signature of principal							
		Declarati	on by Parent	s			
			•				
(i)	1			re in respect of my ward.			
(ii) I promise to be responsible for all actions, conduct and behavior of my							
ward and to ensure that he/ she will be regular and punctual at all classes							
and activities of the school.							
(iii) I understand and agree that all decisions of the principal concerning my							
ward shall be binding on me and on my ward.							
(iv) I declare that the school will not be responsible in any way for any loss,							
accident, injury to my ward while in school or in activities or outing.							
I promise to abide by rules and regulations now in force or laid down in future. I							
declare that all the information in this form is true. I understand and agree that if any							
part of thi	s is found false a	t any time, the	e admission of my	child will stand			
automatic	automatically cancelled.						