

Registration Admission Form

SH. HITABHILASHI SARVHITKARI SR. SEC. VIDYA MANDIR



NEAR KRISHAN MANDIR, BUDHLADA (MANSA)

(Managed By: Sarvhitkari Educational Society, Punjab)

Affiliated to P.S.E.B. Mohali C.B.S.E. Pattern

Ph. 01652-254982, 98889 21001 (Principal)

E-mail:shsvbudhlada@gmail.com

Photo

Sr. No. 22186

Class to which admission sought \_\_\_\_\_

Session \_\_\_\_\_

1. Name of the Student \_\_\_\_\_ Boy/Girl

2. Date of Birth (Please attach D.O.B. Certificate) \_\_\_\_\_

Aadhar Card No \_\_\_\_\_

3. Father's Name \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_ Category \_\_\_\_\_

4. Mother's Name \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

5. Address \_\_\_\_\_

Phone No. (R) \_\_\_\_\_ (O) \_\_\_\_\_

Mobile \_\_\_\_\_

6. Institution Last Attended \_\_\_\_\_

(Please attach the School Leaving Certificate)

(Signature of Parent/Guardian)

DECLARATION

I agree to abide by the rules & regulations of school given in the Prospectus and to pay the school fee and other charges in time, which would not be claimed back by me ever. If I withdraw my child, I Shall abide by the school rules amended from time to time.

Signature of Parent/Guardian)

FOR OFFICE USE ONLY

Class to which admitted \_\_\_\_\_

Roll No. Allotted \_\_\_\_\_

House Allotted \_\_\_\_\_

Date of Joining \_\_\_\_\_

Receipt No. \_\_\_\_\_

Dated \_\_\_\_\_

Accountant

Principal