Admission to Class		Registratio	on No	
Parties Generative Real	THE SH Website: <u>www.theshikshi</u>	Affiliated to G Sector 108 Gu	C.B.S.E rugram : theshikshiyanscho	
	Regis	stration form		
Passport size photograph of Father	pho	Passport size tograph of Mother		Passport size photograph of the Child
 Instructions for filling Write in capital letters. Please give complete ar columns to be filled. 	the form: d correct information and all	Certificate from	tat copy of the Transfe n the Municipal Corpc 2 different proofs of yo	pration.
Details of the Child First Name		Last Name		
Date of Birth (in figure DateMonthDate-		Date of B	irth (in words)	
Place of Birth - Gender Male	Female		onality ryGeneral S	
Name of the school the	e child attended last			

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	t 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.	