



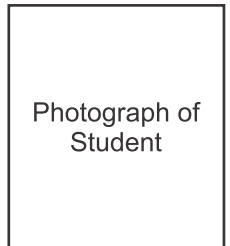
Registration Form

(Please fill up the form in CAPITAL LETTERS)

Date:

Registration No.: TPS/20...../.....
(To be filled in by the office)

Class.....



I. Particulars of the child

1. Name of the child:

2. Category (Please tick)

2.1 General 2.2 Economically Weaker Section (EWS) 2.3 Disadvantaged Group (DG)

3. Date of Birth (In figures) : (In Words)

4. Place of Birth:

5. Age as on 31 / 03 / 20 : Years Months Days

6. Religion: Category (Gen/SC/ST/OBC/Others): If 'others', pl. specify

7. Gender (Please tick) : Male Female

8. Residential Address:

9. Does the child have any special needs/disorder/disability? Yes/No

If yes, please specify

II Previous schooling information, if applicable

1. Name and address of the last School attended:

2. Class in which he/she was studying:

3. Name of the Secondary Education Board/ Council the school was affiliated to:

4. Medium of instruction: English / Hindi / any other (Please specify)

III Particulars of the child's real brothers / sisters, if any

i. Name: Age: yrs. studying in class.....

at School ; Admission No.....

ii. Name: Age: yrs. studying in class.....

at School ; Admission No.....

Registration Form

V. Parental Information

Are you single Parent (YES / NO):

Particulars of father and mother or, in case they are not available, of the guardian

| | FATHER | MOTHER | GUARDIAN |
|--------------------------|--------|--------|----------|
| Name | | | |
| Age | | | |
| Profession | | | |
| Education Specifications | | | |
| Annual Income | | | |
| Residential Address | | | |
| Office Address | | | |

Phone No.:

| | | | |
|----------------|--|--|--|
| 1. Residential | | | |
| 2. Office | | | |
| 3. Mobile | | | |
| 4. E-mail ID | | | |

To be filled in case father or mother in not the guardian

Name of the guardian and his/her relationship with the child

Declaration

We, father/mother and/or guardian of Master / Miss hereby declare that the information given above by us is true and correct. We understand and accept that the admission of my ward, if granted, may be cancelled at any time if any information given by us is found to be incorrect or false.

.....
 Signature of Father Signature of Mother Signature of Guardian

FOR OFFICE USE ONLY

I have checked the entries in the form and the accompanying documents. I certify that all the documents are in order and the entries are true and correct according to the documents submitted by the parents/guardian. I find the child fit and eligible for registration for admission to class, I recommend grant of registration of the candidate for admission to class

Name
 Date: Admission in charge

Registration allowed/not allowed

.....
 Date: Principal's Signature