Taksh–Shila Model School

Sec-3, BALLABGARH, FARIDABAD TEL 0129-2210345

AFFILLIATED to C.B.S.E

Registration Form

Dear Sir,

I here by apply for registration of my son/daughter to class ____ in your institution

To be filled in by the in Block Letters.

1. Name of the student :
2. Father's Name :

Educational Qualification :

Annual Income : E-mail ID : _____

Office Phone No. :

Office Address :

3. Mother's Name :

Educational Qualification : _____ Occupation : _____

Annual Income : E-mail ID : _____

Office Phone No. :

Office Address :

Residence Address :

Contact No. : P.P No. _____

4. Personal details of Student :

Sex : Male ☐ Female ☐

Date of Birth (in figures) : ☐☐ ☐☐ ☐☐☐☐ (In words) _____

Category : General ☐ OBC ☐ SC ☐ ST ☐

Cast : ☐☐☐☐☐☐☐☐☐☐

Name of the School last attended : _____

Level of the School : Play School ☐ Secondary ☐ Sr. Secondary ☐

Recognised by (Name of the Board) : _____

Medium of Instruction : _____

Previous class passed : _____ Grade : ☐ Percentage ☐

Land mark nearest to your house : _____

5. Particulars of the student's real brother/sister studying

A) Name : Class: _____

B) Name of School/Institute (with address) ☐☐☐☐☐☐☐☐☐☐

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UNDERTAKING:

I declare that particulars given above are true to the best of my knowledge and nothing has been Concealed there from. I undertake to abide by the rules and regulations of the institution as laid down from time and pay all the school dues of my son/ ward in time and called upon to do so I also undertake responsibility to the good conduct of my ward in the school.

Date : ☐☐ ☐☐ ☐☐☐☐ Signature of the Parent/Guardian

ADMISSION TEST REPORT

Test held on _____

Marks obtained : Hindi _____ English _____ Maths _____

Checked by : (Name) _____

Signature : _____