

Shivalik Public School

(Affiliated to Central Board of Secondary Education, New Delhi)

Sector 41 B, Chandigarh -160 036

Tel. No.: 0172-2626913, Fax: 0172-2629574 e-mail: shivalikchandigarh@gmail.com

REGISTRATION FORM FOR DAY SCHOLAR

(Issue of Registration Form does not Ensure Admission)

| Session: 20 - 20 | Branch | Registration No |
|---|-----------------------------|-----------------------------|
| | | Dated// |
| Ad | Imission Sought to Class | |
| 1. Student's Name (Block Letters) | | Please paste |
| 2. Gender (Please Tick): Male | Female | a recent |
| • | | passport size photograph |
| 3. Date of Birth D D | M M Y Y | γ γ γ of the child |
| | | |
| (Please attach photocopy of Birt | h Certificate of the child) | |
| 4. Aadhar Card No. of the child (if a (Please attach photocopy of Aad | | |
| | · | North ou Tour our |
| | | Mother Tongue |
| 6. Category (Please Tick): SC | ST OBC | General |
| 7. Residential Address: | | |
| | | |
| | | |
| Res. Tel. No | | |
| 8. (a) Name of the school last | attended | |
| (b) Name of the Previous Ed | ducation Board | |
| (c) Medium of Instruction | in Previous School | |
| (d) Whether the Previous So | chool was recognized: Yes | No |
| 9. Father's Name (Block Letters) _ | | |
| | | |
| | | obile No |
| | | |
| | | |
| | cupation | |

| (only in case of students und | er Guardianship) | |
|---|--|---------------------------------------|
| | | |
| | Mobile No | |
| 2. If any real siblings already st | udying in SPS, Chandigarh | |
| Name | Admn. No | Class |
| Name | Admn. No | Class |
| The registration fee of Rs. | above information is correct to the bes 150/- (Non-refundable/Non-transferations of my of the best | able) is paid herewith and I understa |
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