



# Shivalik Public School

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

Affiliation No. 1630022, School No. 20039

Phase - VI, S.A.S. Nagar, Mohali Tel. No. : 0172-2225486

## (REGISTRATION FORM)

Session: 20 - 20

Registration No. ....

Dated ...../...../.....

### Admission Sought to Class .....

1. Student's Name (Block Letters) .....

2. Gender (Please Tick): Male ☐ Female ☐

3. Date of Birth D D M M Y Y Y Y

(In Words) .....

(Please attach photocopy of Birth Certificate of the child)

Please paste  
a recent  
passport  
size family  
Photo

4. Nationality of the child ..... Religion ..... Mother Tongue .....

5. Category (Please Tick): SC ☐ ST ☐ OBC ☐ BC ☐ General ☐

(Please attach photocopy of certificate)

6. Parents Status: Married/ Separated / Divorced/ Bereaved

7. Address : ..... Tel No. ....

8. Bus Required: Yes ☐ No ☐

9. (a) Name of the school last attended .....

(b) Present class of the Student .....

(c) Name of the Previous Education Board .....

(d) Medium of Instruction in Previous School .....

(e) Whether the Previous School was recognized: Yes ☐ No ☐

10. Father's Name (Block Letters) .....

Educational Qualification & Occupation .....

Monthly Income ..... Mobile No. ....

11. Mother's Name (Block Letters) .....

Educational Qualification & Occupation .....

Monthly Income ..... Mobile No. ....

12. Guardian's Name (Block Letters) .....

(only in case of students under Guardianship)

Relationship with student: ..... Mobile No. ....

13. If any siblings (real brothers/sisters) already studying in Shivalik Public School, Mohali

Name ..... Admn. No. .... Class .....

Name ..... Admn. No. .... Class .....

I/We hereby certify that the above information is correct to the best of my/our knowledge and belief.

Father's Signature

Mother's Signature

Guardian's Signature