

## 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//		
Admission Sought to Class				
Student's Name (Block Letters)		Please paste		
2. Gender (Please Tick): Male	Female	passport		
(Please attach photocopy of Birth Certificate of the child)				
4. Aadhar Card No. of the child (if any)				
5. Nationality of the child	ReligionMo	ther 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 Education Board				
(c) Medium of Instruction in Previous School				
(d) Whether the Previous Scho	ool was recognized: Yes	No		
9. Father's Name (Block Letters)				
Educational Qualification & Occup	ation			
E. Mail ID :	E. Mail ID :Mobile No			
10. Mother's Name (Block Letters) _				
Educational Qualification & Occup	ation			
E. Mail ID :	Mobile	No		

11. Guardian's Name (Block Letters)			
(only in case of studer	nts under Guardianship)		
Residential Address :			
	Mobile No		
12. If any real siblings alro	eady studying in SPS, Chandigarh		
Name	Admn. No	Class	
Name	Admn. No	Class	
fully that this fee for regis	tration does not guarantee admission	of my child.	
Father's Signature		Guardian's Signature	
Date:			