



Shivalik Public School

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

Sector 78 , S.A.S. Nagar, Mohali

shivalik78mohali@gmail.com

Tel. No. : 0172 2990615

REGISTRATION FORM FOR DAY SCHOLAR

(Issue of Registration Form does not ensure Admission)

Session: 20 - 20

Branch.....

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 photograph
of the child

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

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

6. Permanent Address : _____

_____ Tel No. _____

7. Local Address : _____

_____ Tel No. _____

8. (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

9. Father's Name (Block Letters) _____

Educational Qualification & Occupation _____

Office Address _____

_____ Monthly Income _____

e-mail i.d. : _____ Mobile No. _____

10. Mother's Name (Block Letters) _____

Office Address _____

_____ Monthly Income _____

e-mail i. d. : _____ Mobile No. _____

11. Guardian's Name (Block Letters) _____

(only in case of students under Guardianship)

Residential Address : _____

e-mail id. : _____ Mobile No. _____

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

The registration fee of **Rs.100/-** (Non-refundable/Non-transferable) is paid herewith and I understand fully that the fee for registration does not guarantee admission of my child.

Father's Signature

Mother's Signature

Guardian's Signature

Date: _____

Place: _____