

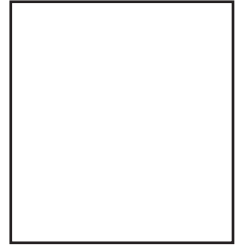


SARVHITKARI SHIKSHA NIKETAN

Barog Bye Pass Road, Kumarhatti, Solan (H.P.) - 173229

APPLICATION FOR REGISTRATION

Registration Form No. Date of application



1. Full name of the pupil (in block letters).....
2. Date of birth (in Christian Era)
In words.....
3. Age at the time of admission : Year.....Month.....Day.....
4. Full name of the father : Sh.
5. Full name of the mother: Smt.....
6. (a) Father's Occupation:-.....
(b) Name of office and full address:
.....Ph.....
(c) Full residential address.....
Vill./Town.....P.O.....Teh.....
Distt.State.....Pin.....Ph
7. Name & Address of the school last attended.....
.....class.....
8. Whether it was a Recognized School.....Board.....
9. (a) Result of last examination.....
(b) Percentage of Marks.....
- 10 (a) **Class to which admission is being sought**.....
(b) Any brother & sister studying in SSN (if yes) Name.....Class.....
Name.....Class.....
11. Whether the student belongs to Scheduled Caste or Scheduled Tribe :-.....Yes/No
12. Mother Tongue.....Home Town.....

I have read the prospectus and instruction given in this prospectus. I undertake to abide by all the school rules and regulation as in force from time to time. **Admission Incharge/ Fee Incharge**

Sign. of Parent / Guardian



FOR THE OFFICE USE ONLY

Name of student.....D/o/ S/o Sh./ Smt.

Class.....Reg. No.

Detail of Fee	Amount	Receipt No.	Date
(i) Registration
(ii) Admission Fee/Annual Charge
(iii)