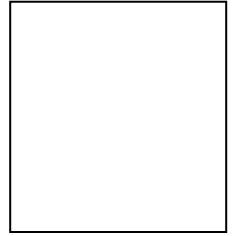




SARVHITKARI SHIKSHA NIKETAN

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



Registration Form No. Date of application

APPLICATION FOR REGISTRATION

1. Full name of the pupil (in block letters).....
2. Date of birth (in Christian Era)
In words.....
3. Age at the of admission : Year..... Month.....
4. Full name of the father Sh.....
5. Full name of the mother Smt.
6. (a) Father's Occupation :-
(b) Full residential address with phone No
.....
7. Name & Address of the school last attended with 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.....
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.

Sign. of Parent / Guardian

Name

Admission Incharge / Fee Incharge

FOR THE OFFICE USE ONLY

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

Class Reg. No.

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

(iii)

.....

Fee Incharge