



VISHVAS SR. SEC. SCHOOL

U.E.-II, HISAR PH. 01662-245054

REGISTRATION FORM

PLEASE AFFIX RECENT PASS PORT SIZE COLOUR PHOTOGRAPH HERE

0959

ACADEMIC SESSION _____

NAME OF PUPIL _____

DATE OF BIRTH _____ NATIONALITY _____ MALE FEMALE

ADMISSION SOUGHT FOR CLASS _____

CATEGORY : GEN SC/ST BC OBC

NAME OF THE SCHOOL LAST ATTENDED _____

CLASS LAST ATTENDED _____ MEDIUM _____

NAME OF FATHER _____

Academic Qualification : Sec. Sr. Sec. Graduate Post Graduate Other

Occupation : Agriculture Business Defence Govt. Service Pvt. Job

Annual Income : ₹ _____

PERMANENT ADDRESS _____

RESIDENTIAL ADDRESS _____

NAME OF FATHER _____

Designation if employed _____ Annual Income _____

WHETHER SCHOOL TRANSPORT IS REQUIRED : YES NO

CYCLE : YES NO SCOOTER / MOTOR CYCLE : YES NO

NAME AND ADDRESS OF LOCAL GUARDIAN _____

WHETHER THE CANDIDATE HAS ANY SISTER / BROTHER ALREADY STUDYING IN THIS SCHOOL : YES NO

IF YES, NAME _____ CLASS _____

1. _____ 2. _____ 3. _____

1. _____ 2. _____ 3. _____

DOCUMENT ATTACHED

Yes No

- 1. PHOTO
- 2. BIRTH CERTIFICATE
- 3. S.L.C. / T.C.
- 4. RESIDENTIAL PROOF

(Zerox copy of Telephone Bill / Electricity Bill / Ration Card / Voter Card etc.)

The Registration Fee of Rs. _____ is paid herewith by Bank Draft / Postal Order / Cash Memo No. _____ Date _____

I certify that I am a bonafide parent/guardian of the child and the information furnished above is correct to the best of my knowledge and if any thing is found to be fake or fabricated I shall be responsible for any consequences. I have read the rules of the school. In the event of my ward being admitted to the school, I will abide by the Schools rules and procedures in all respects. I do understand that the decision of the Principal shall be binding on me.

Signature of Parent/Guardians

FOR OFFICE USE ONLY

Acc. No. Allotted _____

Receipt No. _____ Date _____

Fees Received at the time of Admission _____

Class to which Admitted _____ Section _____

House Allotted _____

If Brother/Sister concession, A/c No. _____

Accountant Name _____

Accountant

Fee Concessions :

- 1. B/S
- 2. Half Fee
- 3. Full Fee

Sign. of Principal

Sign of Director

Remarks

Ad. Committee

Principal

Director