



Form No. : (To be filled by the office)

G.R. No. : For Office Use

Academic Session 202 - 202

## REGISTRATION FORM FOR GRADE XI

Fill the details in block letters

Name of Student: (as per Birth Certificate/Transfer Certificate)

(Surname) (Student's Name) (Father's Name) (Mother's Name)

Date of Birth : \_\_\_\_\_ Sex :  Male  Female

Place of Birth : \_\_\_\_\_ District : \_\_\_\_\_ State : \_\_\_\_\_

Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_ Caste : \_\_\_\_\_

Caste Category :  SC  ST  VJ(A)  NT(B)  OBC  SBC  
 Open  MARATHA ESBC  MUSLIM SBC-A

Father Name : \_\_\_\_\_  
First Name Middle Name Last name

Academic Qualification : \_\_\_\_\_ Occupation : \_\_\_\_\_

Organization : \_\_\_\_\_ Annual Income : \_\_\_\_\_

Mother's Name : \_\_\_\_\_  
First Name Middle Name Last name

Academic Qualification : \_\_\_\_\_ Occupation : \_\_\_\_\_

Organization : \_\_\_\_\_ Annual Income : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Address of Correspondence : \_\_\_\_\_

Father's Contact No. : \_\_\_\_\_ Mother's Contact No. : \_\_\_\_\_

E-Mail ID : \_\_\_\_\_ Aadhar No. of Student : \_\_\_\_\_

### Academic Profile (Previous year)

Class	Year	School Name & Place	Board	Exam	Percentage
X	20			Pre-board	
IX	20			Annual	

Science		Commerce	Humanities (Arts)
Non-Medical	Medical		
English	English	English	English
Physics	Physics	Economics	Political Science
Chemistry	Chemistry	Accountancy	History
Mathematics	Biology	Business Studies	Psychology
Computer Science/ Physical Education	Mathematics/ Physical Education/ Computer Science	Applied Mathematics/ Computer Science/ Physical Education	Economics/ Physical Education

Stream opted for: Non-Medical  Medical  Commerce  Humanities

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_

## DECLARATION

- ◆ I understand that the Admission Fee is non-refundable. I also fully understand that Registration is not guarantee for admission. Admission is granted as per the school norms.
- ◆ I hereby certify that the date of birth & spelling of the name of my child/ward given in this form are correct to the best of my knowledge and I shall not make any request for any CHANGE.
- ◆ I understand that rendering false or misleading information or withholding correct information shall lead to cancellation of my ward's admission.
- ◆ I understand that the fees hike will be as per the CBSE norms.

Date : \_\_\_\_\_ Place : \_\_\_\_\_

Signature of the Parents : Mother : \_\_\_\_\_ Father : \_\_\_\_\_

## PERMISSIONS

- ◆ Occasionally the school will visit locations in the immediate vicinity of the school. I hereby consent my child taking part in these visits. All school activities will be undertaken under appropriate supervision.
- ◆ I understand that Physical Education lessons can take place in the school garden and other nearby venues.
- ◆ I consent to the use of my child's images, photographs and other material to display children's work and to raise the profile of the school.
- ◆ By joining and attending Dnyanpushpa Vidya Niketan, I agree to uphold the school's values and guidelines, outlined in the parents handbook.

Date : \_\_\_\_\_ Place : \_\_\_\_\_ Principal : \_\_\_\_\_

## DOCUMENT CHECKLIST

- Photocopy of marksheet of Grade IX and Grade X  Original School Leaving Certificate/Transfer Certificate/ Migration Certificate
- Photocopy of Caste Certificate if any  Photocopy of Birth Certificate  One stamp size Photo of the Student
- Photocopy of Aadhar Card  Medical History Form duly filled and signed by your ward's Physician

**DISCLAIMER : Admission is purely at the discretion of the Management**