**FORM-I**

**REGISTRATION FORM**

**NO.\_\_\_\_\_\_\_\_\_\_\_\_\_ (for office use only)**

**Registration for class\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Name of the student (In Block Letters)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**
2. **Date of Birth :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Month** | **Year** | | | |
|  |  |  |  |  |  |

**(In words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Sex :**

|  |  |
| --- | --- |
| **Male** | **Female** |
|  |  |

1. **SC/ST**

|  |  |
| --- | --- |
| **Yes** | **No** |
|  |  |

1. **Class for which admission is sought \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Father’s Name ( in block letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office address if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Residential Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel.No. (Residence) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Tel no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(In block letter)**

**Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office address if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Residential Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel.No. (Residence) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Tel no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Is the School transportation required? Yes No**
2. **Medical Information: Does the child have some special needs?**

**If any, give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

1. **Information on Parameters adopted by the school :**
2. **Core Categories**
3. **Religious/Linguistic Minority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Economically Weaker Section (EWS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Socially Disadvantaged Section \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the admission sought under seats reserved for economically weaker section of society: Yes/NO**

**If yes, Total Annual Income of parents) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sibling (Real Brother/Sister only)**

**{Tick the appropriate} Yes No**

**If Sibling in the same School Sibling Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Give Details of sibling Class & sec \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Alumni**

**(Tick the appropriate)**

1. **Father Yes No**
2. **Mother Yes No**

**Child who is physically challenged Yes No**

1. **School Specific Parameters**
2. **Please register my Son/Daughter/ward named above in your school I shall produce the requisite documents at the time of admission :**

**Date : Signature :**