VIVEKANAND PUBLIC SCHOOL

VPO- KATOPUR, TEH-KOTKASIM, Distt- KHAIRTHAL-TIJARA (RAJ.)

ADMISSION cum REGISTRATION FORM

| AR /ABC | lo. :- | | Session :- | Da | te:- / | | | |
|--|--|---------------------|------------|-------|--------|--|--|--|
| | C ID :- | ĺ | PEN No. :- | | | | | |
| | | | | | | | | |
| | Student | | Mother | | Father | | | |
| 1. Name: | | | Class: | | | | | |
| 2. | Gender : | Male | Female | Any | Other | | | |
| 3. | D.O.B. : | Date Date | Month | | | | | |
| 4. De | tails of Parents Details | n. | lother | | Father | | | |
| Name | Details | IV | other | | ratner | | | |
| Aadhar | r No. | | | | | | | |
| | ID / Jan Aadhar No. | | | | | | | |
| Educat | ional Qualification | | | | | | | |
| | ntial Address | | | | | | | |
| | .1 | | | | | | | |
| Email I | | | | | | | | |
| Email I | t No. | | | | | | | |
| Email I | t No. ation | | | | | | | |
| Email In Contact Occupa Official | t No. | | | | | | | |
| Email Id Contac Occupa Official Annual | t No. ation I Address | ate is:- | | | | | | |
| Contact Occupa Official Annual 5.Wh | ation Address Income | | Yes [| No [| | | | |
| Contact Occupa Official Annual 5.Wh | et No. Address I Income The candid | l: | Yes [| No No | | | | |
| Contact Occupation Official Annual 5.Wh | t No. ation Address Income nether the candid Single Girl Child | l: (Divyangjan): | Yes [| | | | | |

| | chool Details | ••••• | •••••• | ••••• | •••••• | | | |
|--------------------------------------|--|-----------------------------------|---|----------------------------------|---------------------|---------------|--------------------------|--|
| 9. Class Last | Attended | | | | | | | |
| 10. Last Scho | ool affiliated is: | | | | | | | |
| (i) CBSE | (ii) IS | СЕ | (iii) II | 3 | (iv) S | State Board | | |
| 11. Result of | last class- | | | | | | | |
| | Subject | | Maximum Marks | | Marks obtained | | % of Marks | |
| Transfer Certi | Certificate Details ficate No : siblings (if any) | | | Da | ate of Is | sue :/ | / | |
| | Name | | Brother/Sister | | ge | School | studying in | |
| | | | | | | | | |
| | | | | | | | | |
| Name, Moth | are that the above i er's Name and Date all abide by the rul | nformat e of Bir | h furnished b | Name c | | | | |
| Name, Moth & belief. I sh | er's Name and Date | nformat e of Bird es of the | ion including the furnished be School. | Name or y me is | correct | | f my knowledge | |
| Name, Moth & belief. I sh Date | er's Name and Date all abide by the rul | nformate of Birdes of the | ion including th furnished b School. | Name or y me is | correct of the F | to the best o | f my knowledge ardian | |
| Name, Moth & belief. I sh Date | er's Name and Date | nformate of Birdes of the | ion including th furnished b School. Sign | Name or y me is gnature with can | of the F | to the best o | f my knowledge ardian | |

Signature of the Principal

^{*} In case, student is from other board, Transfer Certificate should be countersigned by the Competent Authority.