CHS EDUCATION CENTRE

S-A, UPSIDC (Housing), Jainpur, Akbarpur, Kanpur Dehat, U.P.

IMPORTANT INSTRUCTION : This registration form needs to be completed and returned directly with respect to the availability of seats and confirmation of the admission of the candidate.

NOTE:- (i) Filling and submitting the registration form does not confirm candidates's right of admission to School.
(ii) Selection process as decided by the School will take place and parents shall be informed accordingly for date and time of a formal interview for admission of the candidate.
(iii) This form shall not be construed as a solicitation to contract nor an offer or acceptance of any contractual obligation.

Please register the name of my conidaughter for admission in your school whose particulars are as under:-

1. NAME: Master/Miss _____
2. Date of Birth [ ][ ][ ] (in words) _____
3. Age as on 31st March 20___ [ ]
4. Nationality : _____ 5. Blood Group : _____
6. Whether you belong to SC/ST/OBC/General : Please Specify [ ]
7. Child with Special Needs : Yes [ ] No [ ] Please Specify :
8. Residential Address : _____
9. Permanent Address : _____
10. Aadhar Card No. : _____
11. (a) Admission to Class : _____ (b) Admission No. : _____ (c) Conveyance : Yes [ ] No [ ]
12. Sibling :

S.No.	Name	School	Class
1.			
2.			

13. Parent's Detail :

Father Name : _____

Mother Name : _____

Academic Qualification

Mother's : _____ Father's : _____

Office Address : _____

Tel. No. : _____ Mob. No. : _____

E-mail ID : _____

14. Previous School Details :

Name of the School : _____

Class studied from : _____ to _____ Duration from (Year) _____ to (Year) _____

We, hereby certify that the information given in this registration form is correct to the best of our knowledge and belief.

Date : _____ Signature of Parents : _____

Mother's Photo

Father's Photo

FOR OFFICE USE ONLY

Form No. : _____ Session : _____

Scholar's Name : _____ Admission sought to Class : _____

Admission Incharge : _____ Date : _____ Signature of Parents : _____