



Registration Form

VIVEKANAND SHISHU MANDIR

Senior Secondary School
(Affiliated To C.B.S.E. New Delhi)

F-Block Main Road, New Kavi Nagar, Ghaziabad-201002, Ph.: 0120-4107677

NOTE : The Form should be strictly filled by the parents in their own writing in CAPITAL LETTERS.

Class (Please Tick)

Nur.	III	VII
K.G.	IV	VIII
I	V	IX
II	VI	XI

Affix
passport size
photograph
of the
Student

Student's Detail

Mobile No. to receive information from school

E-Mail ID to receive information from school

First Name : Middle Name Last Name

Date of Birth : - -

Date of Birth (in words) :

Age as on 1st April 20..... - -

Present school in which student is studying :

Present Class

Nationality : Category : General SC ST OBC

Does your child suffer from any physical disability or any learning disability, if yes please attach medical report.

Parent's Details

Father

Mother

	Father	Mother
Name	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>
Qualification	<input type="text"/>	<input type="text"/>
Annual Income	<input type="text"/>	<input type="text"/>
Profession	<input type="text"/>	<input type="text"/>
Organization	<input type="text"/>	<input type="text"/>
Designation	<input type="text"/>	<input type="text"/>
Office Address	<input type="text"/>	<input type="text"/>
Phone No.	<input type="text"/>	<input type="text"/>
E-Mail	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>	<input type="text"/>

Family's Details

Other School Going Brother(s) / Sister(s) :

Name	Class	School
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Who looks after the child at home?

1. Other family member
(Please specify Relation)

2. Servant YES NO

3. Day Care Centre YES NO

Residential Address :

Locality

Pin Code

Date - -

Mother's Signature

Father's Signature

**SUBMISSION OF THE FORM DOES NOT GUARANTEE ADMISSION ONLY SHORT LISTED CANDIDATES
WILL BE GRANTED ADMISSION**

Signature of Admission Incharge

FOR OFFICE USE ONLY

Called for Entrance Exam on _____ Marks obtained in Entrance Exam _____

Called for meeting with the Principal/Director on _____ Performance in Meeting _____

Admission Given / Denied _____

Class & Section Alloted _____

Whether conditional Admission Yes/No

Signature of Principal / Director