Affilation No

SHIVALIK SR. SEC. SCHOOL, BEHROR

WARD NO 24, BHARTHARI ROAD BEHROR

Affiliated To : BOARD OF SECONDAI

Email : shivalikschool17@gmail.com   **WEB :** www.shivalikschool.co.in

Contact NO : -9784067297   **Contact NO 2:** -01494

Student Registration

Office Details

Scholar No.: ------------------- **Admission Date :** ---------------------- **Admission Class :** ------------------------------

Personal Details

Name :	**Date Of Birth :** -------------------------	
Father's Name :	**Gender :** -------------------------	
Mother's Name :	**Category :** -------------------------	
Blood Group :	**Religion :** -------------------------	
Body Sign :	**Nationality :** -------------------------	
Disability Type :	**Aadhaar No. :** ---	
Remark :		

Current Address

Address : ....

....

State : ....

District : ....

City/Village : ---------------------------- **Pin Code :** -----------------

Phone No. : ....

Email : ....

Permanent Address

Address : ....

....

State : ....

District : ....

City/Village : ---------------------- **Pin Code :** ---------------

Mobile No. : ....

Personal Email : ....

Relation Details

S.No.	Name	Relation	Occupation	Place of Work	Contact No.	Email ID
1	--------------------------	--------------	------------------	--------------------	----------------	----------------------------
2	--------------------------	--------------	------------------	--------------------	----------------	----------------------------
3	--------------------------	--------------	------------------	--------------------	----------------	----------------------------
4	--------------------------	--------------	------------------	--------------------	----------------	----------------------------

Documents Taken

S.No.	Date Taken	Document Name	Doc. Type
1	--------------	----------------------	---------------
2	--------------	----------------------	---------------
3	--------------	----------------------	---------------
4	--------------	----------------------	---------------

Medical Details

S.No.	Check Date	Height	Weight	Color	Eye Sight	Dieseases
1	-------------	---------	---------	---------	------------	------------
2	-------------	---------	---------	---------	------------	------------
3	-------------	---------	---------	---------	------------	------------
4	-------------	---------	---------	---------	------------	------------

Father's/Mother's Occupation Details

Father's Occupation : --	**Mother's Occupation :** --
Father's Qulalification : --	**Mother's Qulalification :** --
Father's Income : --	**Family Income :** --

Gardian Details

Guardian Name : --

Relation : --

Address : --

Contact Details : --

Siblings Details

S.No.	Scholar No	Student Name	Class
1	--------------	----------------------------	------------
2	--------------	----------------------------	------------
3	--------------	----------------------------	------------
4	--------------	----------------------------	------------

Emergency Contact Details

Contact Person : ------------------------------------

Relation : ------------------------------------

Address : ------------------------------------

Contact Details : ------------------------------------

Other Details

Previous School : --

Conv./Vehicle : --

Concession Type : --

Concession Remarks : --

Self Awareness

My Goals : --

My Strength : --

Interest & Hobbies : --

Sports / Games : --

Responsiblities Discharged/ Exceptional Achievements : --

I here by Declare That All the above Information is Correct from my knowledge And belief.

Candidate/Parent Signature