

RN Classes

School of Mathematics

Registration Form

Session : 2017-18

Class (In which admission is sought) XII <input type="checkbox"/> XI <input type="checkbox"/> X <input type="checkbox"/> IX <input type="checkbox"/>	Tick (✓) whichever is applicable	BATCH ALLOTTED <input type="text"/>	Affix your recent passport size coloured photograph here
	CENTRE : CHD./PKL.	ADMISSION NUMBER <input type="text"/>	
	Stream : Non Med./Commerce	(For Office Use Only)	
	Board : CBSE/ICSE/Other (Class passing out)		

1. Name : Gender: Male Female

2. Mother's Name :

3. Occupation Mobile No.:

4. Designation

5. Father's Name :

6. Occupation Mobile No.:

7. Designation

8. Residential Address :

9. Landline No.:

10. Student's Mobile No.:

11. Email ID of the Student :

12. Email ID of the Parent :

13. Grade/Percentage of marks obtained in Maths VIII SA - I IX SA - I
 X SA - I X SA - I & SA - II (aggregate)

14. Academic Achievements
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15. Co-curricular Achievements
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.....

16. Sibling applying to RN Classes? Yes No
If yes, please provide the details -
Name Class

17. Sibling currently attending RN Classes? Yes No
If yes, please provide the details -
Name Class (Batch)

DECLARATION

- 1. I hereby declare that the particulars furnished above are correct.*
- 2. I undertake that if admitted, I will strictly obey all the rules and regulations and will do nothing that will interfere with orderly administration and discipline.*
- 3. I hereby authorise you to use my name and photograph for the purpose of advertisement and publicity.*

RULES & REGULATIONS

- 1. Incomplete forms will not be accepted.*
- 2. Fee once remitted is refundable (after deduction of one month fee) only if a student leaves the group within a period of seven days from its commencement.*
- 3. Any change in the above particulars must be notified to the office immediately.*
- 4. Absentation from the class without any valid reason will be severely looked upon.*

Student's Signature

Parent's Signature