For Office Use only	Admit :			
Registration No	Class :	Decement Sime	Decement Sine	Decement Sime
Received Rs.	School No. :	Passport Size Photograph	Passport Size Photograph	Passport Size Photograph
Money Receipt No	Date :	Student	Mother	Father
Date	Principal			



GOVIND RAM KATARUKA SCHOOL

An English Medium Co-Educational Sr. Secondary School Affiliated to CBSE, Delhi. Affiliation No. : 3430241, School No. :

ARGORA - KATHAL MORE ROAD, PUNDAG, RANCHI

APPLICATION FOR REGISTRATION OF STUDENT FOR ADMISSION

1.	NAME OF THE STUDENT (In Block Letter)
2.	DATE OF BIRTH (Attach Certificate) In Figures
	in words
3.	a) Full Name of Father (In Block Letters)
	b) Full Name of Mother (In Block Letters)
4.	Name of the Guardian responsible for paying fees (This form should be signed by the guardian whose name is
	mentioned here)
	Occupation Annual Income
5.	Registered for Class (Attach previous mark-sheet)
6.	Present standard of Education
7.	Name and Address of the School attending at present
8.	Medium of Instruction at the present School
9.	Nationality : of Parents of Student
10.	Educational Qualifications of (a) Father (b) Mother
11.	Occupation of Father Annual Income
12.	Occupation of Mother Annual Income
13.	Student's Mother-Tongue
14.	Language (s) generally spoken at home
15.	Has any relative of Student studied in this Institution
	If Yes, give details
16.	Has the Student been ever expelled from any school ? if so, give reasons
17.	Whether the Student belong to SC/ST (Certificate to be enclosed)
18.	Extra-curricular interests of the Student

19.		
	MEDICAL INFORMATION	
	(a) History of illness, if any (Previous & Pres	ent)
	(b) If your child is allergic to any medicine?	f so please give details
	(c) Does your child suffer from any physical	defect
20.	DECLARATION	
	I request to kindly register my ward's name fo	r admission in the academic year, beginning from April, 20
	ve read carefully the rules and regulations laid endments any, if introduced later.	down in the prospectus. I agree to abide by them, and also to
forn	I also declare that the date of birth and spellin n and that I shall not make any request for char	g of the name of my ward are correctly given in the Registration nge in future.
Dat	te	Signature of Father / Mother / Local Guardians
(a)	Name and full mailing address of Parent	
(b)	Contact No. :	
(b)	Contact No. : Permanent Address	(Father) (Mother)
(b)	Contact No. : Permanent Address	(Father) (Mother)
	Contact No. : Permanent Address Name and Address of Local Guardian	(Father) (Mother)
	Contact No. : Permanent Address Name and Address of Local Guardian	(Father) (Mother)
	Contact No. : Permanent Address Name and Address of Local Guardian	sion. It will depend on admission tests, Interviews and availability
(c)	Contact No. : Permanent Address Name and Address of Local Guardian	sion. It will depend on admission tests, Interviews and availability
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(c)	Contact No. :	sion. It will depend on admission tests, Interviews and availability
(c) P.S.	Contact No.:	sion. It will depend on admission tests, Interviews and availability
(c) P.S.	Contact No.: Permanent Address Name and Address of Local Guardian	sion. It will depend on admission tests, Interviews and availability