SHIV SHAKTI CONVENT SCHOOL

A Family Of Your Trust

Khemaupur - Azamgarh Junior & Senior Wing

Registration/Admission Form Contact No. : +91 9415832961, 9793212464

Regd. No.

Passport size photograph of the student

Name of pupil (in capital letters in English): _____

Class in which admission is sought for : _____

Date of birth: D D M M Y Y Y Y Gender: Male ☐ Female ☐

Aadhaar No. : ☐☐☐☐☐☐☐☐☐☐☐☐ Religion : Cast : SC/ ST/OBC/GEN

Details of Parents & Local Guardian			Occupation
Mother			
Father			
Local Guardian (If any)			
Full Residential Address			
Nationality		State	

Contact: 1. _____ 2. _____

Whatsapp: 1. _____ 2. _____

Name & Address of the School last attended with class: _____

Whether last school was CBSE affiliated: _____

If, the last school was not affiliated with CBSE, specify name of the Board: _____

Result of last examination: _____

Whether the transfer certificate is attache Yes/No. ☐

Do you require school conveyance? Yes/No. ☐ If yes mention BUS POINT _____

Date: ..... Name or signature of father : Name or signature of mother :

Please admit class .....Section .....after checking the relevant papers and realise the dues.

Date: ..... Signature of Class Teacher Head of Institution