



# SHIVALIK PUBLIC SCHOOL, PATIALA

(Affiliated to Central Board of Secondary Education, New Delhi)

SST Nagar Rajpura Road, Patiala  
Tel . no . : 0175-2373207, 09530906858  
E-mail : shivalikpatiala@yahoo.co.in

(Issue of Registration form does not ensure Admission)

Session: 20... 20..      Registration no.....      Dated...../...../.....

Admission Sought to class.....

Please paste a  
recent passport  
Size photograph  
of the child

1. Student's Name (Block Letter) \_\_\_\_\_

2. Gender (Please Tick): Male/Female

3. Date of Birth \_\_\_\_\_

(In Words) \_\_\_\_\_

(Please attach photocopy of birth certificate of the child)

4. Aadhar Card no. of the child (attach copy) \_\_\_\_\_

5. Nationality of the Child \_\_\_\_\_ Religion \_\_\_\_\_ Mother Tongue \_\_\_\_\_

6. Category (Please Tick): SC/ST/OBC/General

7. Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Res. Tel. No. \_\_\_\_\_

8. (a) Name of the school last attended \_\_\_\_\_

(b) Name of the previous Education Board \_\_\_\_\_

(c) Medium of instruction in previous school \_\_\_\_\_

(d) Whether the previous school was recognized: Yes/ No

9. Father's Name (Block Letter) \_\_\_\_\_

Education Qualification & Occupation \_\_\_\_\_

E-mail Id: \_\_\_\_\_ Mobile No. \_\_\_\_\_

10. Mother's Name (Block Letter) \_\_\_\_\_

Education Qualification & Occupation \_\_\_\_\_

E-mail Id: \_\_\_\_\_ Mobile No. \_\_\_\_\_

11. Guardian's Name (Block Letter) \_\_\_\_\_

(Only in case student is under Guardianship)

Residential Address: \_\_\_\_\_

\_\_\_\_\_

E-mail Id: \_\_\_\_\_ Mobile No. \_\_\_\_\_

12. If any real siblings already studying in Shivalik Public School, Patiala

Name \_\_\_\_\_ Admn. No. \_\_\_\_\_ Class \_\_\_\_\_

Name \_\_\_\_\_ Admn. No. \_\_\_\_\_ Class \_\_\_\_\_

I/We hereby certify that the above information is correct to the best of my/our knowledge and belief.

The registration fee of 200/- (non-refundable/non-transferable) is paid herewith and I understand fully that fee for registration does not guarantee admission of my child.

\_\_\_\_\_

Father's signature

\_\_\_\_\_

Mother's signature

\_\_\_\_\_

Guardian's signature

Date: \_\_\_\_\_

Place: \_\_\_\_\_