



Shivalik Public School

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

Sector 41 B, Chandigarh -160 036

Tel. No. : 0172-2626913, Fax : 0172-2629574

e-mail : shivalikchandigarh@gmail.com

REGISTRATION FORM FOR DAY SCHOLAR

(Issue of Registration Form does not Ensure Admission)

Session: 20 - 20

Branch.....

Registration No.

Dated/...../.....

Admission Sought to Class

1. Student's Name (Block Letters) _____

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 _____

(Please attach photocopy of Aadhar Card of the child)

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 Letters) _____

Educational Qualification & Occupation _____

E. Mail ID : _____ Mobile No. _____

10. Mother's Name (Block Letters) _____

Educational Qualification & Occupation _____

E. Mail ID : _____ Mobile No. _____

Please paste
a recent
passport
size photograph
of the child

11. Guardian's Name (Block Letters) _____

(only in case of students under Guardianship)

Residential Address : _____

E. Mail ID : _____ Mobile No. _____

12. If any real siblings already studying in SPS, Chandigarh

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 **Rs.150/-** (Non-refundable/Non-transferable) is paid herewith and I understand fully that this fee for registration does not guarantee admission of my child.

Father's Signature /

Mother's Signature /

Guardian's Signature

Date : _____

Place : _____