Affiliation No.: 330404 School Code.: 65401



## **NEW HOLY GANGES PUBLIC SCHOOL**

## **GANDHI NAGAR, KHAGARIA**

(Affiliated to CBSE, New Delhi)

## **Registration Form**

| (FILL UP IN BLOCK LETTER ONLY)   |               |        |               |                 |                     |
|--|---------------|--------|---------------|-----------------|---------------------|
| Applying for class   | :             |        | Registraio    | n Date :        |                     |
| Student's Name :   |               |        |               |                 |                     |
| Father's Name :  |               |        |               |                 | Affix<br>your       |
| Mother's Name :  |               |        |               |                 | Photo<br>Here       |
| Date of Birth :  | ate Month     | Year S | ex : Male Fem | nale            | 11010               |
| Aadhar No. :   |               |        | Email ld :    |                 |                     |
| WhatsApp No. :   |               |        | Mobile No     | .:              |                     |
| Address :  |               |        |               |                 |                     |
| General Information (Student):   |               |        |               |                 |                     |
| Nationality : Height(cm) : Weight(kg) : Bl.Group :   |               |        |               |                 |                     |
| Category: I. Gen. II. SC III. ST IV. OBC  Details of the last Exam passed ( To be filled by the Candidates):   |               |        |               |                 |                     |
| Std. Name of School with Address and medium  |               |        | dium          | Year Of passing | % marks / CGPA      |
|  |               |        |               |                 |                     |
| <u>Declaration:</u> I hearby declare that the above information including Name of the Candidate, Father's/Guardian's Name, Mother's Name and Date of Birth furnished by me is correct to the best of my knowledge. I shall abide by the rules of the School. |               |        |               |                 |                     |
| Date : Signature of Parent/Gua   |               |        |               |                 |                     |
|  |               |        |               |                 | re of the Principal |
| TO BE FILLED BY THE SCHOOL  Class for which applied :  |               |        |               |                 |                     |
|  |               |        |               |                 |                     |
| <b>Date and Time of</b>  | the admission | :      |               |                 |                     |

Registration No :.....