

S.No. ....

S.R. No. .... / Class ..... Year : .....

# SRI GURU HARKRISHAN PUBLIC SCHOOL



(CBSE, Affiliation No. 1700360)

Vasant Vihar, Scheme No. 3, Alwar - 301 001

0144- 2701533, E-mail:- sghkps@yahoo.co.in

## Registration Form

*[Registration of a candidate does not guarantee admission]*



### Student's Information:

Name of the Student (Fill in capital letters only) : \_\_\_\_\_

Date of Birth : D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_  
(in words) \_\_\_\_\_

Category : SC/ST/OBC/General

Hobbies : Literary / Music / Sport / \_\_\_\_\_

Class Passed : \_\_\_\_\_ Year of pass \_\_\_\_\_

For class XI Only : \_\_\_\_\_  
Option / Subject: - Maths/P.Ed/ Bio



Father's Name : \_\_\_\_\_

Education : \_\_\_\_\_

Occupation : \_\_\_\_\_

Mobile No. : \_\_\_\_\_



Mother's Name : \_\_\_\_\_

Education : \_\_\_\_\_

Occupation : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

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

Local guardian's Name & Mobile No. : \_\_\_\_\_  
(only in case of out station candidate)

### List of enclosure:-

- (1) School Leaving Certificate (T.C)
- (2) Report Card from the previous school
- (3) Caste Certificate
- (4) Proof of Date of Birth (DOB)
- (5) Passport size Photographs
- (6) Conveyance Application form (C.A.F.)
- (7) Aadhaar Card Copy
- (8) Affidavit Undertaking by parent

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

Admission Incharge

### Undertaking by parent

- A. The above facts are true to the best of my Knowledge & belief, and no further request for any change will be made hereafter.
- B. I / We undertake to abide by all the rules and regulation of the school as and when in force.
- C. Admission shall be confirmed only after submission of required documents and fee.
- D. I understand that once the child is admitted, the fee paid is non refundable.
- E. I shall visit school on P.T.A's as and when organized by school and gather all information regarding my ward.
- F. The school will not be held indemnified against all accidents, injuries or loss to the student while at the school, in participation of any programme / activities organized by the school.
- G. I have read and explained these rules and regulations to my ward and in case s / he breaches any rule and regulation of the school or is involved in any breach of discipline or neglect of studies his / her name may be struck off from the school roll at the discretion of the principal, whose decision in all matters shall be final and binding on me / us and on above referred ward.
- H. I will continuously supervise and sign my wards diary when so ever my written message delivered by school and also update myself regarding circulars notices display parent / student notice board.
- I. I will intimate the institution for change of address & phone number, in case there is any change in mid of the session.
- J. My ward's Health card certified by the physician is enclosed.

*I / We hereby certify that the information in admission form is complete and accurate. I / We undertake to abide by the rules and regulation of the school.*

Full Name &  
Signature of Father

Full Name &  
Signature of Mother

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### Admission Order

The original documents along with zerox copy of \_\_\_\_\_ seeking admission in class \_\_\_\_\_ are personally checked and recorded till admission is granted.

Remark:-

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Date:

Principal  
(Dr. Anup Kr. Yadav )

# SRI GURU HARKRISHAN PUBLIC SCHOOL



## MEDICAL CERTIFICATE

(Authenticated by the Physician)

(Mandatory Submission for all Candidates)

1. Name of the Candidate :	2. Admission to class :
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3. Person - (to be contacted in case of an emergency) :		
<b>Names</b>	<b>Relationship</b>	<b>Phone No.</b>
1.		
2.		

4. Should your child be restrained / restricted / participation in activities. Please mention the activity and your reason for the same.	
<b>Activity :</b>	<b>Reason:</b>
1.	
2.	
3.	

5. Father's Name & Sign:	6. Mother's Name & Sign:
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7. Medical Details (Authenticated by the Physician) :	
a. Blood Pressure:	Reason:
b. Height:	c. Weight:
d. Eye (Vision):	e. Ears (Hearing):
f. Prone to any ailment / Allergies :	

Examined by:	
Doctor's Name & Signature (with seal):	Address:
	Contact No.: