

GIRIDEEPAM

Registration Form

CBSE SYLLABUS

Regn. No.

| | | | | | |
|--|------|---|--|---|--|
| 1. Name of Pupil <i>(in capital letters)</i> : | Sex: | M | | F | |
| 2. Class to which admission is sought : | | | | | |
| 3. Father's Name & Occupation : | | | | | |
| 4. Address <i>(in capital letters)</i> : | | | | | |
| Telephone <i>(for immediate contact)</i> | | | | | |
| 5. Local Guardian's Name : | | | | | |
| 6. Age & Date of Birth <i>(in figures)</i> : <i>(Attested Photostat copy of birth certificate from Panchayat/Municipality should be attached)</i> | | | | | |
| 7. Religion : | | | | | |
| 8. School(s) previously attended and : the academic performance of each class (Rank/Grade) <i>[copy of progress card of previous year is to be attached]</i> | | | | | |
| 9. Reference person with contact phone nos. : | | | | | |

Place :

Parent's Signature :

Date :

Name :

Intimation Card, Girideepam, KTM.

CBSE SYLLABUS

No

Name of the Candidate

Section Class Date of Registration

Date of Interview/Test

Principal