SHIVAM HIGHER SECONDARY SCHOOL PORSA (AFFILIATION NO: 1031022, REGISTRATION NO: 50988, BOARD: CBSE)

Address: Ambah Road, Porsa, Distt. Morena (MP), Phone: 9158800916, 7909551548, Email: shivampublicschoolporsa@gmail.com				
ADMISSION FORM				
* FOR OFFICIAL USE ONLY ADMISSION SESSION:	ADMISISON CLASS:	MEDIUM:	ADM ID:	REG. ID:
PERSONAL DETAILS				
NAME:	DATE OF BIRTH:			
FATHER'S NAME:	MOTHER'S NAM	E:		
FATHER'S EDUCATION:	FATHER'S OCCUPATION:			
	MOTUTING COOLINATION			
MOTHER'S EDUCATION:	MOTHER'S OCC	JPATION:		
GENDER: MALE / FEMALE	BLOOD GROUP:			
CATEGORY: GEN / OBC / SC / ST	RELIGION:		CASTE:	
CATEGORY. GEN / OBC / 3C / 31	RELIGION.		CASIE.	
ADMISSION DETAILS				
CLASS:	MEDIUM:	STREAM:		
RTE:	REGISTRATION NO:	VERIFICA	TION NO:	
PREVIOUS SCHOOL DETAILS				
CLASS:	SCHOOL NAME:		TC NUMBER:	
CONTACT DETAILS				
ADDRESS:				
CITY:	STATE:	PINC	CODE:	
MOB NO:	ALT. MOB NO:	EMA	ш.	
WOB NO.	ALT. WOB NO.	LMA		
LIST OF ENCLOSED DOCUMENTS				
1) DATE OF BIRTH CERTIFICATE	: [] ORIGNAL / [] PHO			
2) DOMICILE	: [] ORIGNAL / [] PHO			
3) CASTE CERTIFICATE	: [] ORIGNAL / [] PHO	ТОСОРУ		
4) INCOME CERTIFICATE	: [] ORIGNAL / [] PHO	TOCOPY		
5) AADHAAR	: [] ORIGNAL / [] PHO	TOCOPY		
6) TC:	: [] ORIGNAL / [] PHO	TOCOPY		
7) MARKSHEET	: [] ORIGNAL / [] PHO	TOCOPY		
8)	: [] ORIGNAL / [] PHO	TOCOPY		
9)	: [] ORIGNAL / [] PHO	ТОСОРУ		
DEG! ADATION				
DECLARATION				
I Father / Mother / Gardian of hereby declare that the information given above by me is true to my knowledge				
and belief and I am fully aware of the rules	and regulation of the school. If anythin	ng is found to be incorrect or th	e rules and regulation are	not followed, my ward is liable
to be restriction from the institution.				
DATE:				Parantia Cianatura
DATE:				Parent's Signature
REMARK:				

Principal's Signature

DATE: