REGISTRATION FORM FOR CLASS-XI

COURSE APPLIED : _____ STREAM OPTION

Note : The form Should Be Filled in Capital Letters Only Medical ☐ Non-Medical ☐ Commerce ☐

Number of Attempts : First ☐ Second ☐ Third ☐ Test Roll No. _____ (to be filled by the office)

1. Name of the Candidate : _____ Aadhar Card No. _____
2. Father's Name : _____ Aadhar Card No. _____
3. Mother's Name : _____ Aadhar Card No. _____
4. Occupation of Parent/Guardian : _____
5. (a) Date of Birth (DD/MM/YR) (b) Sex (c) Name of Centre

   DD : _____ MM : _____ Year : _____ Male : _____ Female : _____ _____
6. Permanent Address (Do not write Parent/Guardian or your name here).

   _____

   _____

   City : _____ (Pin Code) : _____
7. Address for communication (Do not write Parent/Guardian or your name here)

   _____

   _____

   City : _____ (Pin Code) : _____
8. Ph. (Res.) with STD Code: _____ Mob.* : _____
9. E-mail ID* : _____
10. Name of School from where you have appeared/are appearing for Class : IX & X _____

    _____
11. % of marks / Grade obtained in previous class (Attach photocopy) :

    (a) Science : _____% (b) Maths : _____% (c) Eng. : _____% (d) Agg : _____%

Date : _____

Place : _____ Signature of Parents/Guardian (Signature of the Student)

Registration Details (For Office Use Only)

Date of Exam : _____

Roll No. : _____

Name : _____

Marks Scored in Exam : Phy: _____Maths: _____Che: _____ Reason: _____

Over All % : _____ Rank: _____