

Sri Guru Harkrishan Sr. Sec. Public School

(Under the Aegis of Chief Khalsa Diwan Charitable Society - Amritsar)

(Affiliated to C.B.S.E. New Delhi)

Sector 40-C, Chandigarh

Ag He			AD	MISSION FORM	I			
For Class XI a								
Name of student in full (Capital Letters) Date of Birth (In Figure) (In Words)						(MA	LE F	EMALE
Date of Birth (In Figure) (In Words)								
a) Father's Nar	ne			,			_	Docto
a) Father's Name b) Mother's Name							_	Paste
b) Mother's Name a) Present / Office Address of Father / Guardian							_ s	tamp size
							_ "	hotograph
o) Permanent A	ddress of F	father / Moth	er / Guardian _				-	Here
c) Contact Num	ber (if any) Personal _		(Offic	e / Shop) _			
Father's Profes	ssion			Mother's Prof	ession			
Nationality				Religion Disability (PWD)				
Category (Pl. T	ick 🗸) Ge	eneral	_Person With	Disability (PWD)	OBC	S	,C	ST
lass Last Atten	nded		Aadhaar ((UID No.)				
class to which a	dmission is	s sought						
				<u> </u>	2		3	
SUBJECT O		`	/	T 0 0 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	,			
MEDICAL ((DICAL ()	COMMERCE (,		NITIES ()
	English (Core) Engli			English (Core)		English		
Physical Education		Physical Education		Physical Education / Maths F				
Physics		Physics		2		History		
Chemistry		Chemistry		5			eal Science	
Biology		Maths		Economics Economics				
E – Mail ID					8.1. Blood (Group		
Annual Income	:			er Belongs to Min				
Only Child: (Ye	es / No)		11. Wheth	er Belongs to Min	ority Group	(Yes / No)	
Distinction in	Games / al	ny other fiel	d:					
Record of 10 th			<u> </u>	F C 1:1 /	D 1:	1 /		0.1.1
	Year of		J					School
Roll No.	Passing	Board	Offered	who have	who have p		() (1	Institu
				passed X from				Previou
				CBSE	other than			Studie
				Grade Point	Marks Obt	tained		
		<u> </u>						
1								
Total Marks:	:							
Result: Pass /	Fail / Com	partment :						
Children with	Special Ne	eds: (Applicab	le / Not Applicable)	* If Applicable , Complete	e the following de	tails:		
) Type of disa	ability							
) If any Medi	cal Certific	ate / Disabili	ty Certificate i	ssued from Govt.	Hospital			Yes / No)
l) Last school	attended							
				ucation Centre / R		om.		
II)Inclusive	School wit	hout Special	Education Cer	ntre / Resource Ro	om			
3.7 0.1	~ 1 1							
Medium of	Instructions	s in the school	al last attended		F	nolish / H	indi / Pur	niahi / Othe

Class to which admission is sought with stream ____

Any Special medical information abo	out Child (Yes / No)	If Yes, then mention / write below:
Divyang Certificate issued by any G f) Residence Proof g) Character Certi	on Certificate c) Transfer Certificate hovt. Hospital /Authority e) A ficate from the Head of the	Self Attested Copies Only): tificate d) SC/ST/OBC/Physically Challenged Adhaar UID No.(Student, Father and Mother) Institution last Attended h) Two Passport Other:
-	STUDENT DECLARATION	ON
the school and Board and not to associate mysels with the permission of my parents / guardian. I admitted to any affiliated school in the class to	f with any activity that goes against the solemnly declare that all the facts st which I am seeking admission. I wi yground, work place, outings and on	Prospectus. I pledge to follow rules and regulations of e discipline of the institution. I am joining the school ated above are true and that I have not so far been ll not hold the school responsible for any accident a the way. Any damage to school property by me,
Dated		cure of Student
nature in the school, workshop, play	ground, work place, outings of the state of	Signature of Parent / Guardian
Date of Admission		
Class to which admitted	Aumssic House Al	on No
Receipt No. for payment of fees	Da	ted
Admitted Provisionally		Principal
Date :		
—————	FOR CLASS TEACHE	→ R
E-mail:	Annual Income:	Minority:
Name of Child Date of Admission	Admission	No
Class to which Admitted	House	
Receipt No. for Payment of fees	Dated	
Stream:		
a) Date of Birth b) SSC / Matri Physically Challenged / Divyang C	iculation Certificate c) Tr Certificate issued by any Govt.l	tached (Self Attested Copies Only): ansfer Certificate d) SC / ST / OBC / Hospital / Authority e) Aadhaar UID No. of the Institution last Attended
		es / NCC j) Any Other