

GURU HARKRISHAN PUBLIC SCHOOL INDORE (M.P.)

REGISTRATION FORM



The Principal
Guru Harikrishan Public School

Sir/Madam,

I request you to register the name of my son/daughter/ward in class for the Session 200 - 200
The Particulars regarding him/her are as below :-

1. Name (in Block Letters):

2. Date of Birth: Date Month Year

3. Date of Birth (in Words):

years Month on 30th June, 200

(Attach the Photostat copy of the original birth certificate of Municipal Corporation/Govt. Hospital)

4. Place of Birth:

5. Religion: 6. Mother Tongue:

7. Father's Name:

Qualification: Occupation:

Postal Address (R):

Phone: Office Resi.

8. Mother's Name:

Qualification:

Working/ Non-working:

Office Address:

Phone:

9. Monthly Income-Father's: Mother's

10. School Last Attended: (Attach the original T.C.)

I Undertake that in case the admission is granted to my son/daughter/ward, I will abide the rule of the institution laid down from time to time.

Date:

(Signature of Parent/Guardian)