

SCHOLARS' ACADEMIC HOME
Gas Godam Road , Charayal Haldwani, Uttarakhand 263139

REGISTRATION FORM

INTERNET FORM

Registration No.



Please affix recent stamp size photograph of Child.

Please Note:

1. Filling up this form does not guarantee admission.
2. Fee once paid is neither refundable nor adjustable in any form. All disputes related to school matters will be settled under jurisdiction of Haldwani only.

(Write in Capital Letters)

Class in which seeking admission:

Class in which studying at present:

INFORMATION ABOUT APPLICANT:

First Name:

Middle Name:

Last Name:

Date of Birth:

DD MM YYYY

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Date of Birth in words:

School Last Attended (if any):

If yes: furnish the address of the previous school:

FAMILY INFORMATION:

Father's Name:

Qualification:

Father's occupation:

Annual Family Income

Mother's Name:

Qualification:

Mother's occupation:

No. of siblings

Boy(s)

Girl(s)

Single Girl Child

Any sibling in the school (if yes, name & class):

Postal Address:

PIN: Tel:	E-mail ID: Cell:
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I solemnly confirm that the above information is correct and true to the best of my knowledge and belief.

Signature of Parent / Legal Guardian

Admit Card for Admission Test / Interactive Session

(To be filled by office)

Registration no. _____

Name of the applicant: _____

Father's Name: _____

Class in which seeking admission: _____

Subject for Test: _____

Interactive Session / Test Date: _____ Time: _____ Duration: _____

Please affix recent stamp size photograph of Child.

Admission Clerk _____

Examination Controller _____

Principal _____

Note: Admit Card is to be produced at the time of Admission Test / Interactive Session and kate to procure the Admission Form after slection.