Sri Guru Harkrishan Sr. Sec. Public School (Chief Khalsa Diwan) (Affiliated to C.B.S.E. New Delhi) D.......M.......Y...... Sector 40-C, Chandigarh --ADMISSION FORM--

1	(For Class Pre-Nursery to IX Students Only)						
1	Name of student in full (Capital Letters)	(MALE	_ FEMALE)				
2	Date of Birth (In Figure) (In Words)						
3	a) Father's Name		Paste				
	b) Mother's Name		stamp size				
4	a) Present / Office Address of Father / Guardian		-				
	b) Permanent Address of Father / Guardian		Photograph Here				
	,						
	c) Contact Number (if any) Personal (Office / Shop)						
5	Father's Profession Mother's Profession						
6	Nationality Religion						
	Category (Pl. Tick) General Physically ChallengedOBC	SC	ST				
7	a) School last attended (applicable to the students seeking admission in classes I to VIII)						
	b) Class Last Attendede – Aadhaar (UID No.)						
	c) Class to which admission is sought						
	d) Medium of Instructions in the school last attended						
8	a) Language studied upto: English class. Hindi	class. Punjab	i				
	b) Language speak upto : English class. Hindi						
9	Any sibling studying in the school:						
	a) Name(s) 1 Class 2. Name		_ Class				
1(Children with Special Needs: (Applicable / Not Applicable) * If Applicable , Complete the following de	etails:					
	a) Type of disability						
	b) If any Medical Certificate / Disability Certificate issued from Govt. Hospital		_ (Yes / No)				
	c) Percentage of Disability						
	d) Last school attended						
	Special School / Inclusive School with Special Education Centre / Resource Room.						
	II)Inclusive School without Special Education Centre / Resource Room						
	Name of the School						
	Medium of Instructions in the school last attended	English / Hindi	/ Punjabi / Others				
	Class to which admission is sought with stream	-					
	Any Special medical information about Child (Yes / No) If	Yes, then ment	ion / write below:				

11 List of Documents to be Attached:

a) Date of Birth b) Transfer Certificate c) SC/ST/OBC/Physically Challenged / Divyang Certificate issued by any Govt. Hospital/Authority d) Aadhaar UID No. / Residence Proof/Two Passport Size Photographs.

--- DECLARATION ----

I hereby declare that I have noted all information and instructions given in the School Prospectus. I agree to abide by the Rules and Regulations of the school and undertake to pay the school fees in advance on the prescribed dates. I will not hold the school responsible for any accident of whatever nature in the school, workshop, playground, work place, outings on the way.

Dated:		FOR OFFIC	E USE ONLY	Signature of Pa	rent / Guardian
Date of Admission DD Class to which admitted	MM	YY		sion No ed	
Receipt No. for payment of	fees				
Dated :	Adn	nitted Provision	nally:	Principal	