

KANGRA VALLEY
SR. SEC. SCHOOL
ENGLISH MEDIUM CO-EDUCATIONAL
Sheela Chowk, Dharamshala

Ph. : 01892-223728
01892-222565

REGISTRATION FORM

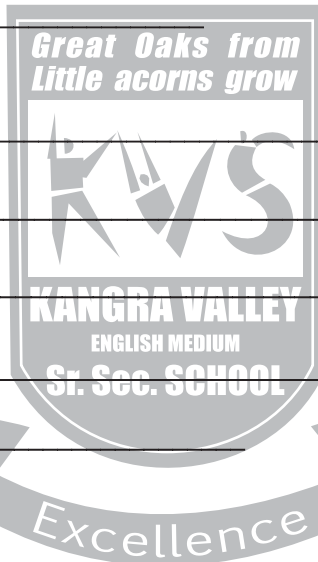
REGISTRATION NO. _____ CLASS _____

NAME _____

FATHER'S/GUARDIAN'S NAME _____

ADDRESS _____

TELEPHONE NO. _____ DATE: _____



Candidate's Signature

Parent's Signature

Office Incharge

❖ Amount once deposited is not refundable

KANGRA VALLEY
Sr. Sec. School (English Medium Co-Educational)
Sheela Chowk, Dharamshala
(AFFILIATED TO H.P. BOARD)

Ph. : 01892-223728
01892-222565

APPLICATION FORM

For office use only

1. DATE _____ 4. Roll No. _____
2. SUBJECT _____ 5. CLASS _____
3. FEE RECEIVED Rs. _____ 6. Reg. No. _____

Paste your
photograph
here

(FILL IN THE FORM IN CAPITAL LETTERS)

1. NAME OF THE APPLICANT _____
2. FATHER'S NAME _____
3. FATHER'S OCCUPATION/DESIGNATION _____
4. DATE OF BIRTH : DD MM YYYY
(As per matric certificate)
5. NATIONALITY _____ 6. RELIGION _____
7. SEX (MALE/FEMALE) _____
8. CATEGORY TO WHICH BELONG : GEN / SC / ST / OBC
9. TICK THE FACULTY CHOSEN (ONLY FOR +1, +2)
(i) MEDICAL (ii) NON - MEDICAL (iii) MIXED STREAM
(iv) COMMERCE (v) ARTS
10. SUBJECTS OFFERED
(i) _____ (ii) _____ (iii) _____
(iv) _____ (v) _____ (vi) _____

11. DETAILS OF EXAMINATION LAST APPEARED (ATTACH CERTIFICATE)

Sr. No.	Examination Passed	Year of Passing	Board	Roll No.	Total Marks	Marks Obtained	% Obtained

12. PHYSICAL STATUS NORMAL HANDICAPPED

13. CORRESPONDENCE ADDRESS : _____

DECLARATION

1. I, daughter/son of Shri _____ hereby declare that all statements made above are true to the best of my knowledge and belief.
2. In the event of any information being found false or incorrect or if ineligibility is detected after admission my candidature shall be cancelled.

❖ Amount once deposited is not refundable