

GITA NIKETAN AWASIYA VIDYALAYA, KURUKSHETRA

REGISTRATION CUM ADMISSION FORM 2024-2025

FORM NO.

(All the particulars should be filled in CAPITAL letter)	PROFICIENCY TEST ROLL NO
DETAIL OF THE CANDIDATE:	(HOSTELLER / DAY SCHOLAR)
Name of the Candidate (as per Birth Certificate) :	
• Gender : MALE FEMALE	
Date of Birth (as per Birth Certificate) :	Attach Birth Paste Recent Passport Size
(in words) :	
• Caste : • Religion : • Aadhar Number :	
• Category : (Put if you belong to any of the following Categories)	
General SC ST OBC EWS	Minority
• Class to which admission is sought Stream (Med./NonMed./Comme	rce/Humanities)
PREVIOUS SCHOOL INFORMATION:	
• School Name : • Class Passed	: • Board :
● Percentage of Marks : ● SRN : ● S.L.C. No :	• Date of Issue:
SIBLING INFORMATION (BROTHER/ SISTER STUDYING IN THIS SCHOOL):	
• Name of Student:	dmission No :
• Class & Section : • Ge	ender :
PARENTS' DETAIL:	
Details Mother	Father/ Guardian
Name	
Educational Qualification	
Aadhar Number	
Mobile No.	
IVIONIC IVO.	
E-Mail	
E-Mail	
E-Mail Occupation Annual Income	
E-Mail Occupation Annual Income ADDRESS: Permanent Address	Present Address
E-Mail Occupation Annual Income ADDRESS: Permanent Address City / Town / Village	Present Address
E-Mail Occupation Annual Income ADDRESS: Permanent Address City / Town / Village District	Present Address
E-Mail Occupation Annual Income ADDRESS: Permanent Address City / Town / Village District State	Present Address
E-Mail Occupation Annual Income ADDRESS: Permanent Address City / Town / Village District State Pin Code	Present Address
E-Mail Occupation Annual Income ADDRESS: Permanent Address City / Town / Village District State	the Candidate, Father's/Guardian's Name,
E-Mail Occupation Annual Income ADDRESS: Permanent Address City / Town / Village District State Pin Code DECLARATION I hereby declare that the above information including Name of Mother's name and Date of Birth furnished by me is correct to the best of rules of the School. Student's Sign. Mother's Sign. Father'	the Candidate, Father's/Guardian's Name, ny knowledge & belief. I shall abide by the
E-Mail Occupation Annual Income ADDRESS: Permanent Address City / Town / Village District State Pin Code DECLARATION I hereby declare that the above information including Name of Mother's name and Date of Birth furnished by me is correct to the best of rules of the School.	the Candidate, Father's/Guardian's Name, ny knowledge & belief. I shall abide by the s Sign. Guardian's Sign.