

For office use only

Registration /Admission Form

Regn No. :

Regn Date :

Receipt No. :

Admission No :

Admitted in Class :



Near New Railway Station Morinda, Distt. : Ropar
Contact No : 01602921277, 8727931135
email ID : swamishivanandaschool@gmail.com

Affix Photograph

Class in which Admission is sought:

Name :Date of Birth:Male/Female

Aadhaar No:Blood Group : Child is vaccinated: Yes/ Not

Religion : Nationality: Category : Gen./ OBC/SC/ST.

Father's Name :Qualification:

Occupation :Contact No. :email ID :

Mother's Name :Qualification:

Occupation :Contact No. :email ID :

Permanent Address:

Correspondence Address :

Parents Connection (if any) with Swami Shivananda School:

Present School :

Ifather/mother/gaurdian of declare that the above information are true to best of my knowledge. If my ward gets admission in this School then I will abide by the rules and regulations laid down or amended from time to time by the School Authorites.

Parent's Signature:

Principal Remark & Signature.....Dated :