



Shiksha – The Gurukul
Registration Card
(Kindly fill the details in BLOCK LETTERS)

Regd. No: STG/ _____

Admission No: _____

Name _____

Date of Birth (in figures) _____ (in words) _____

Class applied for _____

Name of the previous school attended _____

_____ Class _____

Date of Interview _____ Time _____

Shiksha – The Gurukul
Registration Card



Form no :

INFORMATION REGARDING THE APPLICANT (Write in BLOCK LETTERS)

NAME IN FULL _____

MOTHER'S NAME _____

FATHER'S NAME _____

ACADEMIC SESSION _____ CLASS APPLIED FOR _____ GENDER _____

DATE OF BIRTH (in figures) _____ (in words) _____

NATIONALITY _____ LANGUAGESPOKENATHOME _____ RELIGION _____

NAME OF THE PREVIOUS SCHOOL ATTENDED _____

CLASS LAST ATTENDED _____

ADDRESS _____

CONTACT NOS. _____

EXTRA-CURRICULAR INTEREST OF THE CHILD _____

Signature of the Mother/ Guardian
Date:

Signature of the Father/ Guardian
Date:



SHIKSHA - THE GURUKUL

Chotahapjan Gaon No. 2, Under Tingrai Mouza, P.O. Borhapjan, N.H. 37, Dist. Tinsukia (Assam)

Ph : 0374-2345524 (fax), 03759-215729 (off), Website : www.shikshathegurukul.com

Email : school.gurukul@gmail.com, shikshathegurukul.admin@gmail.com

ADMISSION FORM

(Kindly fill the form in BLOCK LETTERS)

Phone Numbers:

Landline _____

Mobile _____

Emergency No. _____

E-mail _____

Please
affix recent
Passport size
Photograph

We, Mr _____ & Mrs _____

desire to admit our daughter / son / ward in your school, whose particulars are given below.

Information of the child:

Child's Name (Surname first) _____

Date of birth (in figures) _____ (in words) _____

Class of Admission _____ Gender _____ Nationality _____ Religion _____

Whether OBC/SC/ST (enclose certificate) _____ Blood Group _____

Last School attended, if any _____

Last class attended, if any _____

Residential Address: _____

Correspondence Address: _____

Family Information:

Mother's Name _____ Age _____

Educational Qualification _____ Occupation _____

Organisation working for _____ Designation _____

Office Address _____

Father's Name _____ Age _____

Educational Qualification _____ Occupation _____

Organisation working for _____ Designation _____

Office Address _____

Mode of conveyance to be used by the child:

Car

School Bus

Canteen Facility:

Yes

No

Swimming facility:

Yes

No

Language option (As mother tongue):

Hindi

Assamese

Local Guardian Information:

Guardian Name _____

Relationship with the candidate: _____ Gender: _____ Age _____

Address _____

Phone no.(Land line) _____ Mobile _____

Email _____

Testimonial(s) Required:

1. Photocopy of Birth Certificate duly attested.
2. Photocopy of Report Card from the last school attended
3. Original School Transfer Certificate (if applicable)
4. Photos required
 - a) Student (Passport) (Blue background) – 4 nos.
 - b) Father and Mother – 2 nos. each
 - c) Student (4 x 6) (Blue background) – 1 no.
 - d) Local guardian (if any) – 1 no.
5. Filled in Medical Form

Accident:

While every precaution is taken to ensure the safety of the children, the school will not liable for any damages/ charges on account of accidents in which children may be involved at any time during their stay in school while playing or taking part in sports, trekking, hiking, excursions or other activities. All expenses that may be incurred for medical aid will be borne by the parents.

I, solemnly declare that the particulars given above are true and correct to the best of my knowledge. I have no objection if the photographs of my child are used in the interest of the school.

Signature of the Mother/ Guardian
Date:

Signature of the Father/ Guardian
Date:

Office Use:

Admit into class: _____

Fees received on: _____ Receipt No: _____

Jr. Executive & Sr. Accountant

PRINCIPAL