



## 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 \_\_\_\_\_

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**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 \_\_\_\_\_ LANGUAGE SPOKEN AT HOME \_\_\_\_\_ RELIGION \_\_\_\_\_

NAME OF THE PREVIOUS SCHOOL ATTENDED \_\_\_\_\_

\_\_\_\_\_

CLASS LAST ATTENDED \_\_\_\_\_ REFERENCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CONTACT NOS. \_\_\_\_\_

EXTRA-CURRICULAR INTEREST OF THE CHILD \_\_\_\_\_

\_\_\_\_\_  
Signature of the Mother/ Guardian  
Date:

\_\_\_\_\_  
Signature of the Father/ Guardian  
Date:



## SHIKSHA - THE GURUKUL

N.H. 37, Chotahhajjan, P.O. Borhajjan, Dist. Tinsukia - 786150 (Assam)

Mobile : 9859944321, 9864959301 (09:00 AM to 04:00 PM on all working days)

Website : [www.shikshathegurukul.com](http://www.shikshathegurukul.com) Email : 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 \_\_\_\_\_

#### Subjects to be Applied for:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mode of conveyance to be used by the child:	Car <input type="checkbox"/>	School Bus <input type="checkbox"/>
Canteen Facility:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Swimming facility:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Language option (As mother tongue):	Hindi <input type="checkbox"/>	Assamese <input type="checkbox"/>

### **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