

BHAVAN VIDYALAYA

NEW CHANDIGARH GSTIN: 03AAATB1693E2Z6 REGISTRATION FORM

SESSION _____

Re	egd. N	No	Cla	SS					_ D	ate	of F	Reg	gistr	atio	า _				-			
1.	CAN	IDIDATE'S PARTICULARS			$\neg \top$	\top						T			T							
	1.1	Name/Surname (in Capitals)			İ																	
	1.2	Gender : Male		Fe	male																	
	1.3	Date of Birth : Day] Mc	Month Year Year																	
	1.4	Date of Birth in words:																				
	1.5	School Last attended :																				
	1.6	Place		Affiliated to																		
2	2. PARTICULARS OF PARENTS																					
۷.		2.1 (a) Father's name & surname (in Capitals)																				
		(b) Occupation & qualifications																				
		(c) Mobile No Office Resi																				
		(d) E-mail ID																				
	2.2 (a) Mother's name & surname (in Capitals)																					
		(b) Occupation & qualifications																				
		(c) Mobile No.	c) Mobile No Office Resi																			
		(d) E-mail ID									_											
	2.3	3 Permanent Address (in Capitals)																				
	2.4	Current Address (in Capitals)																				
3.	Det	ails of real brother/sister stud	ying	in N	lew C	hand	ligar	h/S	ect	or-2	27/S	ec	tor-	33 (Ch	and	diga	arh	can	npu	s	
	(a)			_ Cla	ss/	Sec	tion															
	(b)	Name:		Class/Section																		
4.	Attach copy of Birth Certificate and deposit Rs.150/- as Registration Fee at the time of submission of the Registration Form																					
	NOTE: Age as on March 31, 2025																					
6		lers — 2+																				
	Pre Nursery— 3+							Par	ent'	s Si	gnat	tur	e _									
• Nursery—4+								Dat	e of	Sul	omis	ssi	on _									
● K.G — 5+																						