KIRIT BIKRAM INSTITUTION

Udaipur, Gomati District, Tripura

Class-XI CBSE Registration Form

Class- XI, Section- ☐ Roll No. ☐ Stream_____Academic Session: _____

1. NAME OF CANDIDATE:

2. MOTHER'S NAME:

3. FATHER'S NAME:

4. EMAIL ID:

5. MOBILE NO.

6. ADMISSION NO. (To be filled by class teacher)

of the date - -

7. DATE OF BIRTH *(Photocopy of Birth Certificate to be attached)* - -

8. SEX:

9. ONLY CHILD: YES / NO

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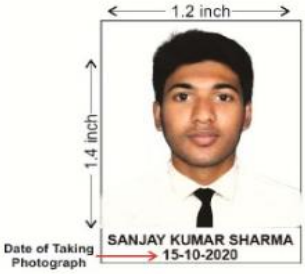

10. ADHAAR NO.

11. SOCIAL CATEGORY: SC/ ST/ OBC/ RM/ General

12. HANDICAPPED: YES / NO

13. CATEGORY: BLIND/ DEAF/ HANDICAPPED/ DYSLEXIA/ SPASTIC

14. ANNUAL INCOME OF PARENTS: Rs _____

15. LAST EXAM PASSED: _____ Year of Passing _____ Board _____
(Xerox copy of marksheet and admit card to be enclosed)

16. SUBJECTS TAKEN: a)_____b)_____c)_____
d)_____e)_____f)_____

APAAR ID:_____

Student's PEN No._____

Candidate's Full Signature (with date)

We/ I _____, Father/ Mother of _____ declare that the particulars filled in this form are as per the admission withdrawal Registration of the School and are true to the best of my knowledge. I would not want any changes in the names or DOB at the later date.

Father's Signature: _____ Mother's Signature: _____

Date: _____ Registration Fee: Rs. 400 (Rs. 320/- + Misc.)