



KIRIT BIKRAM INSTITUTION

Udaipur, Gomati District, Tripura

Class-IX CBSE Registration Form

Class- IX, Section- Roll No. Academic Session: _____

1. NAME OF CANDIDATE:

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2. MOTHER'S NAME:

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3. FATHER'S NAME:

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4. EMAIL ID:

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5. MOBILE NO.

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

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

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8. SEX:

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9. ONLY CHILD: YES / NO

Fix your recent Coloured here

10. ADHAAR NO.

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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 _____

(Income certificate to be enclosed)



15. SUBJECTS TAKEN: English (184), Bengali (005), Science (086), Mathematics Standard (041),
Mathematics Basic (241), Social Science (087), Information Technology (402), AI (417)

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.)