GURUKUL SHIKSHA PARISHAD,HARIDWAR rece

#www.gurukulharidwar.org Mcontact@gurukulharidwar.org

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GURUKUL SHIKSHA PARISHAD

HARIDWAR

Intermediate Admission Form

ાવદાવન તેવવનાત્ પ્રવાનન્			
Name of Student's:			
Father's Name:			
Mother's Name:			
Date of Birth:			
Examination:			
Name of the Affilated School:			
Regular/Private:			
Subject Taken:	1)	2)	3)
	4)	5)	6)
Optional Subject:			
(Signature of Student)			
	(Si	gnature of Princ	ipal) with Office Sea
	FOR OFFICE USE ONI	<u>.Y</u>	
Certified that	\$/0, D/0	D	
Eligible for admission in		l received a	dmission fee sum
of Rs. By DD N	lo.	Cash on date	ed

	GURUKUL SHIKSHA PARISHAD,HARIDWAR
JJJ CCCC	\oplus www.gurukulharidwar.org \Box contact@gurukulharidwar.org
IIKIII. SHIKSHA PAB	

SELF DECLARATION

I D/S/O/
R/O
F/O
do hereby solemnly affirm and declare as under:
1) that I am the permanent resident of the above said address.
2) that the Date of Birth of my child is
3) that he/she wants to appear in Highschool / Intermediate class for the year
from Gurukul Shiksha Parishad, Haridwar
through

4) that i fully understand of the rules, regulations and legal status of the

Gurukul Shiksha Parishad, Haridwar

GUF

HARIDWAR विद्याधनं सर्वधनात् प्रधानम्

Deponent

Declaration

I solemnly declare that the particulars given above are correct to the best of my knowledge I also understand that if the information provided by me in the form is incorrect, incomplete or false, my application will be rejected upon detection at any stage.



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URUKUL SHIKSHA PARISHAD HARIDWAR विद्याधनं सर्वंधनात् प्रधानम्	Examination Form	
Name of Candidate		
Father's Name		Photo
Mother's Name		attested by
Guardian's Name		Principal
Postal Address		

(Signature of the Student)

Distt.				
State	Pincode No:			
E-Mail				
Date of Birth:		Telephone No:		
Nationality:		Native Language:		
Previous Qualification	:	Medium of Study:		
Course Applied for:				
Subject Taken:	1)	2)	3)	
	4)	5)	6)	
8th, Xth Board Examin	ation:-			
1) Year of passing:		Roll No:		
3) Name of Board/Cou	uncil:			
4) Total amount of fee	e paid:			
Examination Centre a	lloted:			
Name of the affiliated	School:			

Enclosures:

G

- 1) Date of Birth Certificate
- 2) Residence Proof / Aadhar Card Copy
- 3) 4 Miniature Size Photograph
- 4) Photocopy of Previous Qualification
- 5) Transfer Certificate/ Migration Certificate

Sig. & Stamp of the Principal





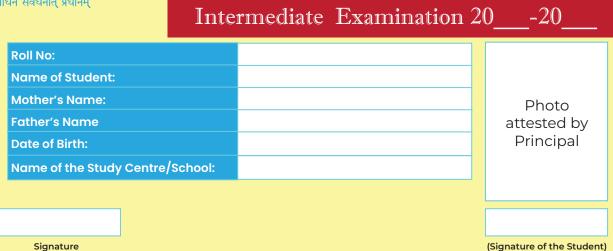
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GURUKUL SHIKSHA PARISHAD

विद्याधनं सर्वंधनात् प्रधानम्

ADMIT CARD



Controller of Examination



GURUKUL SHIKSHA PARISHAD, HARIDWAR STATEMENT OF EXAMINATION ATTENDANCE

Signature Controller of Examination (Signature of the Student)

S.No.	Date	Subjects	Signature of the Student	Signature of the Invigilator
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Please send the statement of attendance with the answer sheets of the examination