



CBSE REGISTRATION PERFORMANCE

CLASS- XI (2025-26)



KINDLY NOTE: PARENTS MUST VERIFY AND CONFIRM THAT ALL DEMOGRAPHIC AND ACADEMIC DETAILS ENTERED IN THE REGISTRATION/LOC(INCLUDING NAME, DATE OF BIRTH AND PARENT/GUARDIAN DETAILS) ARE CORRECT AS PER THE DMC OF CLASS X.

NAME	<input type="text"/>	DATE OF JOINING	<input type="text"/>
CLASS	<input type="text"/>	SRN NO.	<input type="text"/>
SECTION	<input type="text"/>	MEDIUM	<input type="text"/>
SUBJECTS:	MAIN SUBJECTS: <input type="text"/>		
	ADDITIONAL SUBJECTS: <input type="text"/>		

Dear Parents,

You are requested to provide the following information for enrolment of Your ward

NOTE:

- 1.FILL THE FORM IN CAPITAL LETTERS ONLY.
2. PLEASE ATTACH PHOTOCOPY OF D.O.B., 10th DMC & AADHAR CARD
3. DATA ONCE FILLED CANNOT BE CHANGED AT ANY STAGE.

NAME OF STUDENT	<input type="text"/>
ADMISSION NUMBER	<input type="text"/>
STUDENT DATE OF BIRTH	<input type="text"/> (As per birth certificate)
D.O.B IN WORDS	<input type="text"/>
ONLY CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO (Write yes or no in correct box)
CLASS 10 BOARD ROLL NO:	<input type="text"/>
STUDENT AADHAR NO.	<input type="text"/> (CBSE/ICSE)

CATEGORY	GEN	SC	BC-A	BC-B	HANDICAP
(ATTACH DOCUMENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> (Write category in correct box)

MINORITY	<input type="checkbox"/> YES <input type="checkbox"/> NO
----------	--

FATHER'S INFORMATION

MOTHER'S INFORMATION

NAME	<input type="text"/>	NAME	<input type="text"/>
AADHAR NO.	<input type="text"/>	AADHAR NO.	<input type="text"/>
ANNUAL INCOME	<input type="text"/>	ANNUAL INCOME	<input type="text"/>
CONTACT NO.	<input type="text"/>	CONTACT NO.	<input type="text"/>
E-MAIL ID	<input type="text"/>	E-MAIL ID	<input type="text"/>
ADDRESS	<input type="text"/>		

I hereby declare that the above information provided by me is correct.

SIGNATURE OF STUDENT

SIGNATURE OF MOTHER

SIGNATURE OF FATHER

CLASS INCHARGE

OFFICE CLERK

PRINCIPAL