

C.B.S.E. REGISTRATION FORM FOR CLASS – XI- 2020-21 & XII-2021-22

(Please fill the entries in capital letters only)

NAME OF THE CANDIDATE <i>(As given in Class –X mark-sheet)</i>	Aadhar Card No																
MOTHER'S NAME <i>(As given in Class –X mark-sheet)</i>																	
FATHER'S/GUARDIAN'S* NAME (*in case of orphan)																	
SEX : MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> (Tick the appropriate option)	CASTE: GENERAL SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> (Tick the appropriate option)																
HANDICAPPED (Tick the appropriate option)	YES <input type="checkbox"/> NO <input type="checkbox"/> (If Yes Give Detail) BLIND/DEAF/HANDICAPPED/DYSLEXIC/SPASTIC/OTHER.....																
Subject-1(With code)	English Core -301																
Subject-2(With code)																	
Subject-3(With code)																	
Subject-4(With code)																	
Subject-5(With code)																	
Additional Subject-6(With code)	(IF ANY)																
Annual Income of the Mother & Father (Numeric)	Rs.																
Date of Birth (DD/MM/YYYY) <i>(As given in Class –X mark-sheet)</i>	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td colspan="6" style="text-align: center;">Year</td> </tr> </table>									Day	Month	Year					
Day	Month	Year															
DETAILS OF SECONDARY EQUIVALENT EXAM PASSED	X_Roll No.: _____ X_YEAR : _____ Exam Name : _____																
	NAME OF THE BOARD: _____																
REGISTRATION NO. OF CLASS-IX (FOR CBSE STUDENTS ONLY)																	
ONLY CHILD OF THE PARENTS YES <input type="checkbox"/> NO <input type="checkbox"/>	MINORITY : YES <input type="checkbox"/> NO <input type="checkbox"/>																
Mobile(Main):.	Mobile:2. _____ Email ID: _____																
Address:																	

Note:- 1. Do not overwrite while filling up the form. 2. Prefix such as SMT/SHRI also be written along with Guardian's name. In such case, the Mother's name should be left blank. 3. Photo,Aadhar no., Income, Email, Mobile are Compulsory. Please note that no changes in the form will be entertained once the forms have been sent to CBSE Regional Office.

SIGNATURE OF THE STUDENT

SIGNATURE OF FATHER

SIGNATURE OF MOTHER

For Office Use Only		
SR. NO. _____	DATE OF ADMISSION: _____	Fee Detail : _____
Entry in Excel <input type="checkbox"/>	Checked Docs <input type="checkbox"/> (TC, MarkSheet, Dob,)	Remarks _____



PHOTO TYPE

- Photo should be in full colour and of high quality to avoid any visible pixels.
- Photo must be taken in the last 6 months.
- Head should be positioned directly facing camera, centered and compose **80% of image**. Photo should capture from slightly above top of hair to middle of chest.
- Have a natural expression - smiling is allowed.
- Subject (candidate) is in clear focus and distinguishable from the background. Solid colour backgrounds are best.
- Eyes must be open and looking at the camera. Glasses must not be tinted unless worn daily for medical purposes.
- The individual's full face must be clearly visible.