



S. TECH SCHOOL

An English Medium Co-Educational School

Form No.

Scholar's No.

Tick on the appropriate branch

Junior Wing (Nursery to VIII)

Near Dev Narayan Circle, Patel Nagar, Bhilwara

Mob: 82098-37231, 92521-22849

Senior Wing (Nursery to XII CBSE Aff.)

N.H. 79, Near Pansal Gram, Suras Chouraha, Bhilwara

Mob: 83868-22849, 98294-12849

Please Affix a
Passport Size
Photograph

REGISTRATION FORM

For Session 20__ - __

Scholar's Information

Name of The Student

Date of Birth

D D M M Y Y Y Y

In Words

Aadhar Card No.

Blood Group

Nationality

M

ity

Y

N

Cast Category

General

SC

ST

OBC

Gender

M

F

Religion

Hindu

Muslim

Sikh

Christian

Jain

Other

Nick Name

Language Spoken

Physical Illness (If Any)

Name of the School

Last Attended

Class Last Attended

Marks/Grade

%age

Siblings Detail

1.

Name

Class

2.

Name

Class

Parental Information

Name of The Mother

Educational Qualification

Occupation

Contact Nos.

Name of The Father

Educational Qualification

Occupation

Contact Nos.

Annual Income

NOTE: (a) Management reserves its rights to change admission norms, school policies, fee structure from time to time & Prospectus, Registration fee are non-refundable and non-transferable. (b) Admission to S.Tech School can not be claimed as a matter of right, it is subject to admission policy and decision taken regarding admission every year.

Other Information

Parent's Address

Guardian's Name
(If Different)

Postal Address

Contact Nos.

Relation

Declaration by Parents/Guardian

I _____ (Father/Guardian) of (Student's Name) Master/Miss _____ being admitted in this school in class _____, consent to obey all the rules and regulations of the school. I agree to abide by the school rules and regulations and guidelines given by school time to time. I have read all the rules and regulations mentioned in the school prospectus and I take all the responsibility of my ward maintaining perfect discipline in the school. I also declare that all the above information filled by me is true and correct to the best of my knowledge.

Date: _____

Signature of Parent's/Guardian

Note : Please attach the following documents:-

(a) A Copy of Date of Birth Certificate (b) A Copy of Caste Certificate (c) Original T.C. (if transferred from other institution) (d) Aadhar Card (Photocopy)

For Office Use Only

Registration No. : _____
 Admission Permitted to Class : _____
 Fee Deposited (Admission Time) : _____
 Fee Receipt No. : _____

Documents attached	Yes	No
a) Date of Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
b) Caste Certificate	<input type="checkbox"/>	<input type="checkbox"/>
c) Original T.C.	<input type="checkbox"/>	<input type="checkbox"/>
d) Aadhar Card (Photo Copy)	<input type="checkbox"/>	<input type="checkbox"/>

 Authorised Signatory

 Date

 Signature of Principal