

St Kabir Public School Sector-26 Chandigarh REGISTRATION FORM FOR NURSERY (PRE-PRIMARY LEVEL-II) GENERAL CATEGORY SESSION-2023-2024

FOR PHOTOGRAPH

Re	gistration Slip Number	(For office use only) Date	
Ch	uild's Full Name (in block letters)	Male □ Female □	
Da	ite of Birth	Religion	
Sc	hool Last Attended	Nationality	
Fa	ther's Full Name (in block letters)		
Qι	nalification		
	ther's Occupation: Business / Service (Tick		
Na	me of Organization		
Re	sidence Address		
Mo	obile Number (1)	Mobile Number (2)	
M	other's Full Name (in block letters)		
Qι	nalification		
M	other's Occupation	Name of Organization	
No	ote:		
 2. 3. 5. 6. 	detected at any stage of the admission prentertained thereafter. You are required to deposit ₹ 100 with the photographs of your child (to be pasted on The original Birth Certificate with child's at the time of submitting the registration for Photocopy of Aadhar Card (If available) Registration Fee is not refundable.	name and a notarized photocopy thereof will be required	
	gnature of Mother	Signature of Father	
*	·		
Na	me of Child:	FOR	
Father's Name :		PHOTOGRAPH	
RI	EGISTRATION SLIP NO	FIIOTOGRAFII	