



SHIVALIK CAMBRIDGE COLLEGE

(A unit of Shivalik Group of Institutions)

Affiliated to Central Board of Secondary Board of Education (C.B.S.E.) New Delhi

Sec-7, Awasth Vikas Colony, Sikandra, Agra Ph.:0562- 4040250

E-Mail: shivalikcambridge@yahoo.co.in Website: www.shivalik.edu.in

Registration Form No. SCC/RF/

1 Name of Student :

(a) Date & Place Of Birth

D	D	M	M	Y	Y	Y	Y
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(b) Sex:

M	F
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Whether first born

YES	NO
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Age till 31st March

2 Details of Parents:-

Father's Name:
(In block letters)

Nationality:

Edu. Qual.:

Occupation &
Designation:

Mother's Name:
(In block letters)

Nationality:

Edu. Qual.:

Occupation &
Designation:

Guardian's Name:
(In block letters)

Nationality:

Edu. Qual.:

Occupation &
Designation:

Religion: _____ Caste/Sub-Caste _____

3 Residential Address

Telephone No.

Father

Landline:

Offi. No.:

Mob.:

Mother

Landline:

Offi. No.:

Mob.:

Email ID

Mother

Father

4 Admission sought in class :

5 Previous school name :

Entrance Test

Name of Student :

Class:

Date & Time:

Venue:

5 (a) Sibling (real brother/sister) if any, studying in SHIVALIK

YES	NO
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(tick Whichever Is Applicable)

(b) If yes, Please give following details of the sibling:

Name: Class & Sec. Admn. No. Year of Enrolment

6 Whether ward of the school's employee

YES	NO
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(Tick whichever is applicable)

7 Single Parent (Widow / Widower / Divorcee)

YES	NO
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(Tick whichever is applicable)

8 Are any of the parents Alumni of the school?

YES	NO
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if yes, please give following details:

Father Year of study: From To Admission No.

Mother Year of study: From To Admission No.

9 Is School transport required?

YES	NO
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(Tick whichever is applicable)

Please register my son/daughter/ward named above in your school. I shall produce the original documents for verification whenever required

Signature

UNDERTAKING/DECLARATION

I _____ Father/Mother/Guardian of _____

hereby solemnly declare that the information given above by me is correct to the best of my knowledge and belief. Admission of the child may be cancelled if any information is found to be false/incorrect. I also understand that the use of the school transport is optional and can be availed only on payment of the prescribed charges and subject to availability of seat.

Date: _____

Signature: _____