

Serial No.

Registration No.

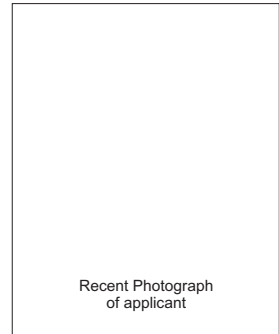


G.D. Birla Memorial School

Birlagram, Chilianaula, Ranikhet - 263347 (Uttarakhand)

REGISTRATION FORM

PLEASE WRITE IN BLOCK LETTERS
(Filling this form does not guarantee admission)



Name of Applicant _____
(First) (Middle) (Last)

Date of Birth (DD/MM/YYYY) _____

Address for communication _____

City _____ State _____ Pin _____

Contact Details: Telephone (Residence) _____ Email id _____

Class in which seeking admission _____ Registration No. _____

Board / Council appeared from (Only for class XI) _____

Presently studying in class _____ (Attach copy of Progress Report)

Present School and Address _____

Co-curricular Interests of the child (games, hobbies, etc.) _____

Connection (if brother / sister is a student) with G.D. Birla Memorial School / Ashok Hall Group of Schools

Student's Name _____ Relationship with the applicant _____

Name of Institution _____ Class _____

School Alumni (tick the appropriate) a) Father Yes Year of passing No

b) Mother Yes Year of passing No

Parent-related information

Father

Mother

Name _____ Name _____

Qualification _____ Qualification _____

Profession _____ Profession _____

Mobile No. _____ Mobile No. _____

Telephone (Office) _____ Telephone (Office) _____

Name and contact details of two responsible persons known to the parents

1. Name _____
Address _____
Phone (Res.) _____ Phone (Off.) _____ Mobile _____
Email _____
2. Name _____
Address _____
Phone (Res.) _____ Phone (Off.) _____ Mobile _____
Email _____

Choice of venue for the Admission Test

Kolkata Delhi Ranikhet Haldwani

Note:

1. Each candidate must be registered before taking the Admission Test.
2. The form has to be submitted along with the Registration Fee of Rs 12,000/-, payable by A/c payee Bank Draft only in favour G. D. Birla Memorial School, payable at Ranikhet / Kolkata.
3. The Registration Fee is neither refundable nor transferable to another year.
4. Decision regarding admission lies solely with the school management

(For Admission to Class XI only)

Preference of stream for my ward's admission in Class XI

Science Commerce

I confirm that the information furnished above is accurate and true to the best of my knowledge. Further I understand that any form of canvassing / recommendation will disqualify my ward from being considered for admission.

Date

Signature of Parent / Guardian

For Office Use

Registration fee received vide Receipt No. _____ dated _____

Sl. No.: _____ Registration No. _____ Date _____

Enrolment No. _____ Student's number _____ Admitted to class: _____

Dues realised: Rs. _____ Receipt No. _____ House _____

Dated

Signature of Office Personnel