

# PANISHEOLA INDIRA SMRITI VIDYAPITH

## STUDENT DATA FORM

&Registration year : 20 -20

School No. 15687

Class XI & XII Examination : MARCH 20

CANDIDATE 'S NAME (In Capital Letters)

MOTHER 'S NAME

FATHER'S NAME

ADDRESS

PHONE NUMBER

R O M

Personal Phone Number & E-mail

DATE OF BIRTH

Date Month Year

CLASS X

ROLL NO

CLASS X

Year of Passing

Name of the Board I.C.S.E / C.B.S.E / W.B.S.E / Any Other Board

Name of the School Last Studied

Subject Offered XI & XII

SCIENCE

SUB NAME	CODE NO.
English	3 0 1
Hindi	3 0 2
Beng	1 0 5
Maths	0 4 1
App. Math	2 4 1
Phy	0 4 2
Chem	0 4 3
Bio	0 4 4
PHY.Edu	0 4 8
Comp.science	0 8 3

ARTS

SUB NAME	CODE NO.
English	3 0 1
Hindi	3 0 2
Beng	1 0 5
Commercial Art. / Applied Art.	0 5 2
History	0 2 9
Geography	0 2 8
Pol.Science	0 3 0
Economics	0 4 8
Phy.Education	0 6 4
Home Science	0 6 4
Comp. Science	0 8 3
Sociology	0 3 9
IT	8 0 2
Health Care	8 1 3

PHOTO

COMMERCE

SUB NAME	CODE NO.
Accountancy	0 5 5
Business Studies	0 5 4
Economics	0 3 0
Mathematics	0 4 1
Entrepreneurship	0 6 6
Cost Accounting	8 2 3
Fashion Studies	8 3 7

SUBJECTS TAKEN

ADD

SUBJECTS

CODE NO.

I do hereby agree that subjects taken by me will not be changed at any circumstances and the information given by me/us, is correct

I also here by agree if my Attendance Percentage falls from 75% as per Board Norms I shall not be allowed to appear in the Final Examination

Signature of student

Date

Signature of Guardian / Parents

Verified by

# PANISHEOLA INDIRA SMRITI VIDYAPITH

SCHOOL NO. 15687

## REGISTRATION FORM : CLASS - XI

Session : 20 -20

(Write in Capital Letters)

Father

Please affix a recent colour photograph

Mother

Please affix a recent colour photograph

Student

Please affix a recent colour photograph

### INFORMATION ON CHILD

Last Name (Student)

FirstName

Date of Birth

SC/ST

 Yes  No

Place of Birth

Class for which admission is sought

Nationality

Religion

Mother Tongue

Other Language the student wants to take

 Hindi  Bengali

Mobile No. (Personal) :

E-mail :

Aadhar Card No.

Are there any medical conditions of your ward which the school be aware of :

### FAMILY INFORMATION

Father / Guardian

Name :	Age :	Nationality
Educational Qualification	Institution :	
Organisation Working for :	Office Address :	
Designation :		
Annual Income :	Tel. :	
No. of Hours of interaction with the student per week :		

Mother / Guardian

Name :	Age :	Nationality
Educational Qualification	Institution :	
Organization Working for :	Office Address :	
Designation :		
Annual Income :	Tel. :	
No. of Hours of interaction with the student per week :		

### RESIDENTIAL ADDRESS

Tel. :
Fax. :

### CORRESPONDENCE ADDRESS

Tel. :
Fax. :

Emergency Contact Telephone Number :

Emergency Contact Telephone Number :