

REGISTRATION FORM

ADDRESS FOR COMMUNICATION

Campus: At-Ranapasi, P.O.- Gengutia

P.S.- Sadar, Dhenkanal-759013

Tel. No.:06762-224768, 295770

Email-ID - principal.xavierdkl@gmail.com



St. XAVIER'S HIGH SCHOOL

EDUCATION FOR ALL



Affiliated to CBSE, New Delhi, Affiliation No. : 1530207, School No. 15499

❖ Admission of Standard **ACADEMIC SESSION- 2021-22** Registration Sl. No. :

CDC	M-I	M-II	M-III	S-I	S-II	S-III	S-IV	S-V	S-VI	S-VII	S-VIII	S-IX	S-X

❖ Name of the pupil (Please fill in BLOCK letters)

First Name	<input style="width: 100%; height: 20px;" type="text"/>
Middle Name	<input style="width: 100%; height: 20px;" type="text"/>
Last Name	<input style="width: 100%; height: 20px;" type="text"/>

❖ Date of Birth

Date	Month	Year
<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>

❖ Nationality : ❖ Religion :

❖ Mother Tongue : ❖ Sex : Male Female

❖ Name of the last School :

❖ Class last Studied in : ❖ Blood Group :

❖ Syllabus Followed : ICSE CBSE SSLC IB IGCSE

❖ Secondary Language Studied :

❖ Details of the Father	❖ Details of the Mother
Mr. <input style="width: 95%;" type="text"/> Qualification : <input style="width: 95%;" type="text"/> Occupation : <input style="width: 95%;" type="text"/> Name of the organisation : <input style="width: 95%;" type="text"/> Designation : <input style="width: 95%;" type="text"/> Office Address : <input style="width: 95%;" type="text"/> Aadhaar No. <input style="width: 95%;" type="text"/> Tel. No. / Mob.: <input style="width: 95%;" type="text"/> Land Line : <input style="width: 95%;" type="text"/> E-mail ID : <input style="width: 95%;" type="text"/>	Mrs. <input style="width: 95%;" type="text"/> Qualification : <input style="width: 95%;" type="text"/> Occupation : <input style="width: 95%;" type="text"/> Name of the organisation : <input style="width: 95%;" type="text"/> Designation : <input style="width: 95%;" type="text"/> Office Address : <input style="width: 95%;" type="text"/> Aadhaar No. <input style="width: 95%;" type="text"/> Tel. No. / Mob.: <input style="width: 95%;" type="text"/> Land Line : <input style="width: 95%;" type="text"/> E-mail ID : <input style="width: 95%;" type="text"/>

❖ Present Address

Name : <input style="width: 60%;" type="text"/>	C/o. : <input style="width: 30%;" type="text"/>
At : <input style="width: 60%;" type="text"/>	P.O. : <input style="width: 30%;" type="text"/>
PS : <input style="width: 30%;" type="text"/>	Dist. : <input style="width: 30%;" type="text"/>
	State : <input style="width: 30%;" type="text"/>
Pin Code : <input style="width: 20%;" type="text"/>	Contact Numbers (Mob.): <input style="width: 60%;" type="text"/>
	(Land Line) : <input style="width: 60%;" type="text"/>

Date :

Signature of Parents/Guardian