



CHIRANJEEV CONCEPT SCHOOL

A Unit of Surya Narayan Bhandari Educational Trust No. 2637/102/2018

Affiliated to CBSE, New Delhi (10+2)

HOCHAR KANKE, RANCHI – 834006. JHARKHAND

Website: www.ccsranchi.com E-mail: ccsranchi@gmail.com Contact No. : 0651-2450040, 87553 53078

REGISTRATION FORM

Regd. No. : _____

Date : _____

NAME OF STUDENT : _____

GENDER (MALE / FEMALE) : _____

DATE OF BIRTH (*attach photocopy of birth certificate*) : _____

REGISTRATION FOR THE CLASS : _____

AADHAR NO. : _____ BLOOD GROUP : _____

NATIONALITY : _____ MOTHER TONGUE : _____

CATEGORY (GEN / OBC / ST / SC) : _____

E-MAIL ID : _____

*Paste recent
colour passport
photo of child*

FATHER'S NAME : _____

MOTHER'S NAME : _____

QUALIFICATION : _____

QUALIFICATION : _____

OCCUPATION : _____

OCCUPATION : _____

MOB. NO. : _____

MOB. NO. : _____

ANNUAL INCOME : _____

ANNUAL INCOME : _____

PERMANENT ADDRESS : _____

CURRENT ADDRESS : _____

OFFICE ADDRESS : _____

PREVIOUS SCHOOL : _____

PREVIOUS CLASS : _____ PEN : _____

SIBLING (OWN BROTHER / SISTER IN THIS SCHOOL) :

• NAME OF CHILD : _____

• CLASS : _____ ADM. NO. : _____

SIGNATURE OF PARENT