



SATYANAND PUBLIC SCHOOL GOHANA

REGISTRATION FORM 2018-19

Co-Educational English Medium Senior Secondary CBSE Aff. 530164
www.satyanandpublicschool.com Email: sps_gh@yahoo.in

(USE BLOCK LETTERS)

Name _____

Father's Name _____

Mother's Name _____

Address _____

Pin _____ Tel _____

Mobile _____

Previous School _____

Previous Class _____ Result _____

Recommended by _____ Contact No: _____

Address _____

OFFICE USE ONLY

Registration No: _____ Date of Registration: _____ Receipt No: _____

Admission to Class (in words only) _____ Amount: _____

Date of Test _____ Time of Test _____ Roll No: _____

SNO	DATE OF EXAM	SUBJECT	MAX MARKS	MARKS OBTAINED	GRADE	EXAMINER
1						
2						
3						

Result Qualified/ Disqualified Coordinator _____

SNO	DATE OF EXAM	Grade	Signature	Remarks
1	Personality			
2	Viva-voce			
3	Physical Fitness			
4	Medical Fitness			

Verdict of Admission Committee _____

Remarks _____

PRINCIPAL