O. P. JINDAL SCHOOL

Savitri Nagar, Tamnar, Raigarh, C.G. 496108.
Affiliated to CBSE, New Delhi. Aff. No. 3330096

REGISTRATION FORM

* Registration Form No._____

* Class to which Admission is Sought _____/_____
In Figures *In words*

Please register the name of my child/ ward for admission in your school

Please Affix a Recent Passport Size Colour Photograph of the Student Here

* Student's Name _____
First *Middle* *Last*

* Sex: Male ☐ Female ☐ Age as on **01.04.2023** _____
Years *Months* *Days*

* Date of Birth _____/_____
In figures *In words*

* Student's Adhar No ☐☐☐☐☐☐☐☐☐☐☐☐

* Name of the Previous School _____

* Board of the Previous School CBSE ☐ CGBSE ☐ Other _____

* Medium of Instruction in the Previous School. English ☐ Hindi ☐ Other _____
Please Specify

* Co-Curricular Activities that the Student has Participated _____

* Games in which the Student is Proficient _____

*Nationality _____ Caste: General ☐ SC ☐ ST ☐ OBC ☐

* Father's Name _____
First *Middle* *Last*

* Category: JPL ☐ SMS ☐ OPJSKS ☐ OPJS ☐ DCPP ☐ JSPL Mines ☐
JPL Security ☐ JSPL Sicurity ☐ Non-JPL ☐ Employee Code _____

* Religion _____ E-mail Id _____

* Mother's Name _____
First *Middle* *Last*

* Office Address _____

* Residential Address _____

* Phone(R)_____ Phone(O)_____ Mobile_____

* Annual Income of the Parents _____

I understand and agree that the registration of my child/ ward does not guarantee admission to the school and that the registration fee is neither transferable nor refundable.

Date Signature