

CAMBRIAN HALL

Esid. 1954			radun Cantt - 24	•	
Phones:	0135-2753252, Email id	ı: camprıa	nnallddn@gmail.com	website: www.ca	mpriannall.in
		Please a PP size pho			
BOARDING	Ι	о/в		ī	D/S
	REGISTRA	TION NO:			
Child's Name					
Date of Birth			Age as on 1 April 2	20	
Gender			Religion		
Nationality			Category (Gen/SC/ST/OBC)		
Distance from School			Mobile No. for SN	4S	
Complete Residential			I		
Contact Nos. (atleast two)			Email Id.		
Admission sought in Class			Academic Session	1	
Name of the Previous School				Last Class Passed	s
Particulars of Father			Particulars of Mother		
Name			Name		
Religion			Religion		
Qualification			Qualification		
Occupation			Occupation		
Department			Department		
Monthly Income			Monthly Income		
Is the child suffering t	rom any disease o	r illness	?		
Is the Parent an ex-st	udent of Cambrian	Hall?			
Particulars of child's i	real sibling/s study	ing in Ca	ambrian Hall, if an	y.	
Adm. No.	Name of Student			Class & Sec.	
Adm. No.	Name of Student			Class & Sec.	
Payment Details: Transaction No. Date:					
I / We undertake to abide by the Rules & Regulations of the school and that no information has been withheld, concealed and no false statement has been given. I / We understand and accept that the school reserves the unconditional right to deny the admission of our child/ward forthwith.					
Date: Si	anatures: (Eather)		(Mother	ar)	