INDIAN SCHOOL SALALAH

[Affiliated to C.B.S.E. Delhi, India]

REGISTRATION FORM

Reg. No.

[A] Pupil Related Information

FULL NAME OF THE PUPIL IN CAPITAL LETTERS (Leave one box blank between the words)

SEX: Male / Female DATE OF BIRTH

AGE (as on 31/ 03 / 2021 _____ (Years) _____ (Months _____ (Days)

PLACE OF BIRTH: City _____ Country _____ Blood Group _____

NATIONALITY _____ RELIGION _____ MOTHER TONGUE _____

Passport No. _____ Date of Issue _____ Date of Expiry _____ Remarks* _____

Visa No. _____ Date of Issue _____ Date of Expiry _____

Resident Card Number: _____ Date of Issue: _____ Date of Expiry: _____

CLASS TO WHICH ADMISSION IS SOUGHT _____ REGN. RECEIPT NO. _____ DATED _____

[B] PARENT RELATED INFORMATION

Electricity A/C No: _____

PUPIL'S MOTHER'S NAME (Leave one box blank between the words)

Passport No.: _____ Date of Issue: _____ Date of Expiry: _____

Visa No. : _____ Date of Issue: _____ Date of Expiry: _____

Resident Card Number. : _____ Date of Issue: _____ Date of Expiry: _____

Educational Qualification: _____ Telephone No. Res. : _____

Occupation _____ E-mail: _____ GSM: _____

PUPIL'S FATHER'S NAME (Leave one box blank between the words)

Passport No.: _____ Date of Issue: _____ Date of Expiry: _____

Visa No. : _____ Date of Issue: _____ Date of Expiry: _____

Resident Card Number. : _____ Date of Issue: _____ Date of Expiry: _____

Educational Qualification: _____ GSM Number _____

E-mail: _____ Whatsapp Number _____

Occupation _____ Telephone Office _____

Present Address: P.O.Box. No. _____ Postal Code _____ Place _____

Date _____

Signature of Parent/Guardian

Note : (1) Admission will depend on the child's performance in the Entrance Test, availability of the seat and submission of proper documents.
(2) No skipping of any class will be permitted.
(3)* If the pupil does not have his/her own passport, mention in whose passport his/her name is endorsed

ADMISSION TEST SLIP

Reg. No.

[To be filled in by the Office Clerk and the Invigilators]

NAME OF THE CANDIDATE _____

DATE OF BIRTH _____ AGE AS ON 31/ 03 / 2021 _____ (Years) _____ (Months) _____ (Days)

CLASS TO WHICH ADMISSION IS SOUGHT _____

REGISTRATION FEE PAID R.O. _____ RECEIPT NO. _____ DATED _____

DATE OF ADMISSION TEST _____ TIME _____

OFFICE CLERK

The candidate appeared for the following tests:

Subject: (1) _____ (2) _____ (3) _____ (4) _____

Signature of Invigilator (1) _____ (2) _____ (3) _____ (4) _____

Re-test on _____ In _____ _____ _____

EXAMINATION IN CHARGE