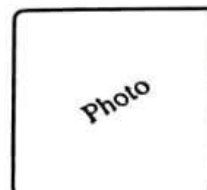


**CHANDRA BENI SHIKSHA NIKETAN  
MOHANPUR KARJA (BHOJPUR)**

**Application For registration  
session :**

Regd. No.....  
Date of Test.....  
Time.....

To,  
The Principal,  
Chandra Beni Shiksha Niketan  
Mohanpur Karja, Bhojpur  
Sub:- For Registration



Sir,  
With due respect I am applying for Registration before Admission in prescribed for-  
Not Details is as follows :-

|                     |       |                             |
|---------------------|-------|-----------------------------|
| Name of Candidate   | ..... | D.O.B. ....../...../20..... |
| Father's Name       | ..... | Occupation.....             |
| Mother's Name       | ..... | Occupation.....             |
| Vill.               | ..... | P. Office.....              |
| Police Station      | ..... | Dist. ....                  |
| Pin code            | ..... | Category.....               |
| Class for admission | ..... | Ref By- .....               |

**Pre- academic Details-**

|               |                                 |                        |
|---------------|---------------------------------|------------------------|
| School (name) | :-.....                         |                        |
| Class         | :- .....Address of School ..... |                        |
| Performance   | :-                              | (Good/Med/Bad)...../   |
| Character     | :-                              | (Good/Med./ Bad)...../ |
| Mob.          | .....                           |                        |

.....  
Signature of applicant/Guardian

.....  
Signature of applicant/Guardian

**[Declaration]**

\*It is hear by declare that In all Information furnished in above registration form is correct and true to the best of my knowledge. I further assure you that I and my son/ Daughter / dependent will follow the rules and regulation of the school in future. I any case If I or my son/ Daughter/ dependent fail to fulfill the condition of the school my/ his/her candidature will be cancelled.

\*Registration fee is not refundable

Date.....

.....  
Signature of applicant/Guardian

Place.....

**{Receipt} Non- Refundable**

I Received the registration form of (Name) : .....

S/D/O:- Mr./Miss.....Vill.....

P. Office.....P.S. ....Dist. ....

Pin Code.....For Class .....Test/ Admission Date.....

Reg. No. ....Time.....

Signature of Receiver