



# Council of Secondary Education, Mohali

SCF-61-62, Ind. Area, Phase-7, Mohali. Ph. : 0172-5020945, 5020946, 5020947

Fax : 0172-5092786 Website : www.csemohali.org

## Admission Form

Name of Student's :

Father's Name :

Mother's Name :

Date of Birth :

Examination :

Name of the affiliated school/AI

Regular/Private/CC

Subject Taken :

1)

2)

3)

4)

5)

6)

Optional Subject :

(Signature of Student)

(Signature of Principal)  
with Office Seal

### FOR OFFICE USE ONLY

Certified that

S/o, D/o.

Eligible for admission in

I received admission fee Sum

of Rs.

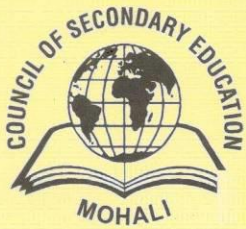
by DD No.

/Cash on dated

Sig. of Controller Regional Centre  
with Seal

(Signature of Cashier)





# Council of Secondary Education, Mohali

SCF-61-62, Ind. Area, Phase-7, Mohali, Post Box No. 37, Ph. : 0172-5020945, 5020947, 5020946

Website : [www.csemohali.org](http://www.csemohali.org)

## SELF DECLARATION

I.....D/S/O/.....

R/O.....

F/O.....

do hereby solemnly affirm and declare as under :

- 1) that I am the permanent resident of the above said address.
- 2) that the Date of Birth of my child is .....
- 3) that he/she wants to appear in Secondary/Senior Secondary class for the year ..... from  
Council of Secondary Education Mohali  
through .....
- 4) that I fully understand/aware of the rules, regulations and legal status of the Council of Secondary  
Education Mohali.

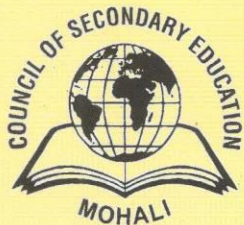
**Deponent**

### Verification

I the above named do hereby further affirm and declare that my above statement is true and correct to the best of my knowledge and belief and nothing has been concealed thereof.

**Deponent**





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## Examination Form

Name of Candidate in Capital Letters		Photo attested by Principal
Father's Name in Capital Letters		
Mother's Name in Capital Letters		
Guardian's Name in Capital Letters		
Postal Address in Capital Letters		

(Signature of the Student)

Distt.		
State	Pincode No. :	
E-Mail :		
Date of Birth :	Telephone No. :	
Nationality :	Native Language :	
Your Previous Qualification :	Medium of Study :	
Course applied for :		
Subject Taken :	1) _____	2) _____
	3) _____	4) _____
	5) _____	6) _____
8th, Xth Board Examination :-		
1) Year of passing :	2) Roll No. :	
3) Name of Board / Council :		
4) Total amount of fee paid :		
Examination Centre allotted :		
Name the of affiliated School/AI :		

### Enclusers :

- 1) Date of Birth Certificate
- 2) Residence Proof
- 3) 4 miniature Size Photograph
- 4) Photocopy of Previous qualification
- 5) Transfer Certificate / Migration Certificate

Sig. of Controller

Sig. of the Principal