



RISHIKUL VIDYA NIKETAN

KEDARPUR. SHIVPURI LINK ROAD. GWALIOR (M.P) - 474001

SCHOOL CODE : 50324

CBSE AFFILIATION CODE:
1030360

ISO: 9001-2008

S.NO.:

REGD.NO:- _____ ISSUED ON: _____ ADMISSION FOR CLASS: _____ FOR SESSION: _____

(USE CAPITALS LETTERS)

Please do not leave any column blank, Return the completed registration form with in fifteen days from the day of issue of the form Form received at a later will not be entertained. The registration number will be used for all further intimation/communication.

Name of candidate (in block letters) _____

Category:-ST/SC/OBC/GEN _____ Religion _____

Date of Birth (dd/mm/yy) ____ / ____ / ____ Gender _____

Date of Birth (In Words) _____

Age of the child as on 31st March _____ years _____ months _____ days

Class in which admission is sought (enter in words) _____

Residential Address _____

_____ City _____ State _____ Pin code _____

Phone no. (1) _____ ph.no.(2) _____

Email _____

School in which the child is presently studying _____

Class in which the child is presently studying _____

Special skills and interests _____

PARENTS DATA

Details of the Parents FATHER _____ MOTHER _____

Name _____

Qualifications _____

Profession _____ Contact No. _____ Contact No. _____

Organizations name _____

Designation _____

For Office Use Only

Admitted/Not Admitted _____

Instructions _____

PARENT'S SIGNATURE

PRINCIPAL SIGNATURE

CONTACT US:-0751-4929672,9926646378

Rishikulvidyaniketan@gmail.com

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CITY OFFICE:- A94,95 GOVINDPURI BEHIND MILLENNIUM PLAZA GWALIOR (M.P) 474011

