

Ref. No.St.CPS/2025/26/CBSE REG./2

Dated: 02.05.2025

SUBJECT: Information required For Filling up of CBSE Registration Form for Class IX students – 2025-26.

Dear Parents,

It is to inform you that every student studying in Class IX is required to be registered with C.B.S.E. without which the student will not be allowed to appear for Class X Examination.

You are therefore, requested to fill in the Proforma given below neatly and correctly. This will form the basis of information to be furnished to the C.B.S.E. Needless to say that this has to be taken very seriously. Kindly take special care to write correct alphabets of Candidates, Father's, Mother's Name and also the Date of Birth of your ward and submit it by Tuesday, May 13., 2025 to the Class Teacher. Once information is uploaded, no further change will be feasible.

Regards,

Principal

CLASS IX – Section _____ PROFORMA - INFORMATION FOR C.B.S.E. RECORD – 2025-26

Admn./ Code No.

Admn. Date(for office)

1. Name of the Candidate (In Block Letters)
2. Mother's Name (In Block Letters) Annual Income.....
3. Father's Name (In Block Letters) Annual Income.....
4. Gender (M/F)..... 5.Category (1 = SC, 2 = ST, 3 = OBC) 6. Handicap (Yes/No).....
7. Subjects Subject Code Subject Taken Medium (Hindi/ English)
1. English Communicative 101
2. Mathematics 041
3. Science 086
4. Social Science 087
5. Hindi – B 085
6. Punjabi (Additional) 004
- 7.French(Additional) 018
8. Health Care (Additional) 413
9. Information Technology (Additional)402
8. Date of Birth 9. Whether Single Child.....(Yes / No)
10. Minority(Yes/No, if yes mention Religion).....
11. Father/Mother Mobile No.
12. Email ID of parent:
13. Student's Aadhar Card No.
14. Name of the third language Year of Passing Class VIII
15. Blood Group of Student.....

The above mentioned Subjects and particulars furnished are correct to the best of my knowledge.

Sign.: of Candidate _____ Father _____ Mother _____ Class Teacher _____

Enclosure:

1. Proof of Date of Birth
2. Copy of Handicap / cwsn certificate, if applicable (Government Hospital).
3. Photocopy of Caste Certificate if applicable.
4. Photocopy of Student's Aadhar Card.
5. Two Passport Size Photographs in School Uniform (Black& White) (with Name of the Student, Date/Month/Year when the photograph has been clicked). Refer to sample.

Verification & Checking : Name : _____

Signature : _____

