



HEMALATA HANDIQUI MEMORIAL INSTITUTE

Lichubari, P.O – Cinnamara, PIN – 785008, Jorhat, Assam

Contact number: 0376-2340150

Website: www.hhmi.edu.in , Email Id- hhmi.jorhat@gmail.com

REGISTRATION/ADMISSION FORM

A. Particulars of the Pupil:

1. Name in Full Master/Miss

.....
 (BLOCK LETTERS) (First) (Middle) (Last)

2. Date of Birth (in figures)/...../..... (In words)

3. Class in which admission is sought

4. Admission required for Girls Hostel Yes/No

5. Mother Tongue

6. Hometown

7. Nationality 8. Religion Caste.....

9. Previous School 's Name & Address :

10. Special interests

*Attach a recent
passport size
photograph*

B. Particulars of the Father/Guardian:

1. Father/Legal Guardian's Name :

(First)

(Last)

2. Educational Qualification :

3. Profession/Designation :

4. Official Address

Telephone No. Mobile

5. Residential Address

Telephone No. Mobile

C. Particulars of the Mother:

I. Mother's Name
(First) (Last)

2. Educational qualification

3. Designation & office address if employed

D. Particulars of the Brother/Sister:

I. Name Age

Studying at (if applicable)

2. Name Age

Studying at (if applicable)

3. Name Age

Studying at (if applicable)

I the undersigned hereby declare that I am the legal guardian of Master/Miss.....
..... and that the information provided in the form is correct to the best of my knowledge. I agree to abide by all the School rules. I understand that Registration does not mean qualification for admission. The written examination followed by interview process involves eligibility for admission.

Signature

Name

Relationship with Pupil

Place

Date

Note:

- 1. Original Birth certificate issued by the Govt. must be produced at the time of interview.
- 2. Photocopy of Original Birth certificate, Proof of Residential address and Marksheet of previous Examination must be attached with this form.

FOR OFFICE USE ONLY

After Examining the Candidate, I found him/her fit for admission to Class :

Date :/...../.....

Signature of the Principal