

Sl No. :/...../27-28/.....

Admission No.:



HEMALATA HANDIQUI MEMORIAL INSTITUTE

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

Contact number: 0376-2340150, 8761063412

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. Mother Tongue

5. Hometown

6. Nationality

7. Religion 8. Caste 9. Aadhar No.

10. Permanent Education Number (PEN)

11. Previous School's Name & Address
.....

12. 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 :

Mobile No. /Whatsapp No. :/.....

5. Residential Address

Mobile No. /Whatsapp No. :/.....

6. Email ID :

C. Particulars of the Mother:

- 1. Mother's Name (First) (Last)
- 2. Educational qualification
- 3. Designation & office address if employed
- 4. Mobile No./Whatsapp No. :..... 5. Email Id :

D. Particulars of the Brother/Sister:

- 1. 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.

Date Signature
Name
Relationship with Pupil
Place

- Note:
- 1. Original Birth certificate issued by the Govt. must be produced at the time of interview.
 - 2. Photocopy of Original Birth Certificate, Aadhaar Card and Caste Certificate
 - 3. Original Marksheet of previous examination to be submitted at the time of admission.

FOR OFFICE USE ONLY

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

Date :/...../..... Signature of Priincipal Incharge