



**EMIRATES FUTURE INTERNATIONAL ACADEMY
CENTRAL BOARD OF SECONDARY EDUCATION
REGISTRATION FORM FOR GRADE XI-2021-22**

REGION:DELHI

SCHOOL CODE:90191

(PLEASE MENTION ALL THE DETAILS AS PER CANDIDATE'S GRADE X MARKLIST. USE CAPITAL LETTERS TO FILL THE DETAILS)

CANDIDATE'S NAME

MOTHER'S NAME

FATHER'S NAME

DATE OF BIRTH	GENDER	ONLY CHILD	CATEGORY	PARENT'S						
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> GENERAL	<table border="1"> <tr> <td>ANNUAL INCOME (in rupees)</td> <td><input type="text"/></td> </tr> <tr> <td>Mobile no.</td> <td><input type="text"/></td> </tr> <tr> <td>Mail-id</td> <td><input type="text"/></td> </tr> </table>	ANNUAL INCOME (in rupees)	<input type="text"/>	Mobile no.	<input type="text"/>	Mail-id	<input type="text"/>
ANNUAL INCOME (in rupees)	<input type="text"/>									
Mobile no.	<input type="text"/>									
Mail-id	<input type="text"/>									

ADMISSION NO. **ADMISSION DATE**

YEAR OF PASSING CLASS X **ROLL NO. OF CLASS X** (PUT TICK MARK IN THE BOX FOR THE CATEGORY SPECIFIED BELOW)
VALID MEDICAL DOCUMENTS MUST BE SUBMITTED

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		BLIND	DEAF	DYSLEXIC	SPASTIC	AUTISTIC	PHYSICALLY HANDICAPPED	NOT APPLICABLE

TO BE FILLED BY SCIENCE STREAM STUDENTS:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH	MATHS	PHYSICS	CHEMISTRY	BIOLOGY	LP	COMP.SCI

TO BE FILLED BY COMMERCE STREAM STUDENTS:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH	MARKETING	ECONOMICS	BUS.STUDIES	ACCOUNTANCY	I.P	MATHS

CANDIDATE'S AADHAR CARD NO:

CANDIDATE'S PASSPORT NO:

SIGNATURE OF CANDIDATE

NAME & SIGNATURE OF PARENT(FATHER & MOTHER)

NOTE: PLEASE ATTACH 1)SOFT COPY OF PASSPORT SIZE COLOUR (WHITE BACKGROUND)PHOTOGRAPH OF YOUR WARD WHICH MUST BE TAKEN IN THE LAST 6 MONTHS.NAME OF THE STUDENT AND DATE OF PHOTO TAKEN MUST BE PRINTED BELOW THE PHOTOGRAPH.2)HARD COPY OF PASSPORT COPY &GRADE X MARKLIST.

CBSE EXAMINATION-2021-22
FEE PAYMENT DETAILS(To be filled)

(FOR OFFICE USE ONLY)

Name of the student :

Grade/Sec:

AMOUNT PAID	DATE OF PAYMENT	RECEIPT NO.

Received by:

(Accounts Section)

Approved by:

CBSE coordinator:

Principal