



PATHFINDER HIGHER SECONDARY PUBLIC SCHOOL

(Affiliated to West Bengal Council of Higher Secondary Education)

English Medium Co-Ed Independent Higher Secondary School ♦ Class XI & XII only

ADMISSION TEST 2017-18

Applied for : JODHPUR PARK DURGAPUR SILIGURI (Please tick the appropriate box)

REGISTRATION FORM CUM ADMIT CARD

Registration Number

(for Office Use Only)

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Version

English Bengali

Test Centre Opted:

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Please fill the details below in **CAPITAL Letters**.

- Name of the Student : _____
First Name Middle Name Family Name
 - Class : _____ Name of the Centre: _____
 - Date of Birth : Day _____ Month _____ Year _____
 - Gender () : Male Female (Please tick the appropriate box)
 - Father's / Guardian's Name : _____ Contact No. _____
First Name Middle Name Family Name
 - Mother's Name : _____ Contact No. _____
First Name Middle Name Family Name
 - Correspondence Address : _____
 Pin : _____ Phone : _____
 - Permanent Address (if different from above) : _____
 Pin : _____ Phone : _____
 - Mobile No. : (i) _____ (ii) _____
 - Alternate Mobile No. : (i) _____ (ii) _____
 - E-mail Address : _____
- Student's Signature : _____ Signature of PHSPS official: _____

Paste your recent passport size colour photograph here



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Name of the Student: _____ Name of the Centre: _____

Class: _____

Examination Date: _____ Venue: _____ Reporting Time: _____

Student's Signature: _____ Signature of PHSPS official: _____

Paste your recent passport size colour photograph here

12. Class presently studying in : _____ Board: _____ % of marks in Pre-Test / Test:-----

13. Name of the School : _____
City: _____

14. Name of the Principal : _____
of your School

15. Last Board / School : _____ 16. Nationality: _____
Exam Appeared

17. Brother / Sister studying : Class: _____ Name of the School: _____

Declaration:

1. All information furnished above are correct and true to the best of my knowledge.

N.B.: Incomplete and unfurnished information disqualifies the candidature of the appearing students, please be careful while filling the form.

Name of the student: _____

Signature of the student: _____

Place : _____

Name of the Parent / Guardian: _____

Date : _____

Signature of the Parent / Guardian: _____

PAYMENT DETAILS

Receipt No.: _____

Date: _____

Name of the Student: _____

Class: _____ Centre Name: _____

Amount Rs. (in words): _____

Signature of the Receiving Clerk

MONEY RECEIPT

Received from: _____

Payment details:

Cash / Chq. No.: _____

Address: _____

Chq. Date: _____

Class: _____ Centre Name: _____

Bank: _____

Date: _____

Signature of the Receiving Clerk

Jodhpur Park: 188, Jodhpur Park (near Jodhpur Park Boys' School), Kolkata 700068, Ph.: 9681081833 / 8585070169

Durgapur: Phase II, City Centre, Palashdiha, Durgapur 713208, Ph.: 8820839723 / 8585070158

Siliguri: Bagha Jatin Bylane, Opp. College, Gate No.: 2, College Para, Siliguri 734001, Ph.: 8585070169 / 9331429962

For more information contact : 033 2414 0095 (10 am. to 6 pm.)