

Rich Harvest Public School

CIRCULAR
Class – XI A

Cir. No: RHPS/2025-26/ XI-CBSE

Date: 16.09.25

Dear Parent

The CBSE has started the process of registration for the session 2025-26. The particulars of your ward **will remain same as mentioned in the class X Marksheet cum Certificate issued by CBSE to your ward**. In this regard you are requested to submit the following after clearing the dues of your ward (attach the fee receipt also). i.e.

1. CBSE Registration Fee of Rs.320/- (in cash)
2. Hard copy of completely filled & signed Registration Slip (Attached).
3. One colored passport size photograph **in school uniform (white back ground)** with printed name (as per class X CBSE marksheet) and clicking date. Submit hard & soft copy. (**Hard copy**: Mention name & class at the back & place in an envelope, do not paste it on the form. **Soft copy**: jpg & not more than 40 kb)

All the above-mentioned documents should be submitted by 19/09/25 to the class teacher.

SUBJECT STREAM :	SCIENCE (MEDICAL) A1	SUBJECT CODE
MAIN SUBJECTS OPTED:	1.ENGLISH CORE	301
	2.MATHEMATICS	041
	3.PHYSICS	042
	4.CHEMISTRY	043
	5.BIOLOGY	044
ADDITONAL SUBJECT (optional):	6.PHYSICAL EDUCATION/ App.Maths	048

PRINCIPAL

Rich Harvest Public School

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Date: 16.09.25

CLASS XI CBSE REGISTRATION SLIP

(To be filled, checked & verified by Parent only)

STUDENT'S NAME: _____ **CLASS: XI SEC:** _____ **R.NO:** _____

1. Category: General/SC/ST/OBC: _____ (If belongs to SC/ST/OBC then submit the caste Certificate of your ward.)
2. Aadhar No. /Enrolment no. _____
3. E-mail Id _____
4. If only Child (yes/no): _____ (* if your ward is only child having no sibling)
5. Whether your ward belongs to PWD (Person With Disability): _____ (If yes, then please mention the type of disability & provide the medical documents.)
6. Annual Income of Mother & Father: _____
7. Please fill allotted Subjects of your ward as per the school record :

SUBJECT STREAM	SCIENCE (MEDICAL)	SUBJECT CODE
MENTION FIVE COMPULSORY SUBJECTS:	1.	
	2.	
	3.	
	4.	
	5.	
ADDITIONAL SUBJECT (mention if opted):	6.	

Student's Sign

Father's Sign

Mother's Sign

Contact No.-

(Father)

(Mother)

Date: