Rich Harvest Public School

CIRCULAR Class - XI A

Circular No: RHPS/23-24/XI-CBSE Date: 13.09.23

Dear Parent

The CBSE has started the process of registration for the session 2023-24. The particulars of your ward <u>will remain same as mentioned in the class X Marksheet</u> <u>cum Certificate issued by CBSE to your ward</u>. 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.300/- (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 Name of the student and Date when the photograph was clicked. (Mention the name & class on the backside of the photograph and put it in an envelope. Do not paste it on the form.)

All the above-mentioned documents should be submitted by 18/09/23 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 | 048 |

PRINCIPAL

Rich Harvest Public School

Circular No: RHPS 23-24/XI-CBSE Date: 13/09/2023

CLASS XI CBSE REGISTRATION SLIP

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

| | STUDENT'S NAME: | CLASS: XI SEC: | R.NO: | |
|----------------|---|--|-------------------------|--|
| 2. | Category: General/SC/ST/OBC:(Certificate of your ward.) Aadhar No. /Enrolment no E-mail Id | _ | | |
| 4. 5. 6. | Whether your ward belongs to PWD (Personnell Mention the type of disability & provide the Annual Income of Mother & Father: | son With Disability): he medical document | (If yes, then pleases.) | |
| , . | Please fill allotted Subjects of your ward as per the school record : | | | |
| | SUBJECT STREAM | SCIENCI (MEDICA | | |
| | MENTION FIVE COMPULSORY SUBJECTS: | 1. | | |
| | | 2. | | |
| | | 3. | | |
| | | 4. | | |
| | | 5. | | |
| | ADDITONAL SUBJECT (mention if opted): | 6. | | |
| | - | ither's Sign | Mother's Sign | |
| | Contact No | (Father) | (Mother) | |
| | Date: | | | |