

# *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 **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.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.

<b>SUBJECT STREAM :</b>	<b>SCIENCE (MEDICAL) A-2</b>	<b>SUBJECT CODE</b>
<b>MAIN SUBJECTS OPTED:</b>	1.ENGLISH CORE	301
	2. PHY.EDUCATION	048
	3.PHYSICS	042
	4.CHEMISTRY	043
	5.BIOLOGY	044
<b>ADDITONAL SUBJECT (optional):</b>	6.APPL.MATHS	241

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: \_\_\_\_\_

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: