



NATIONAL COUNCIL OF SCHOOLING EDUCATION

EXAMINATION FORM WWW.INDIANCSE.COM

Registration No.		Roll. No.	
Name of the candidate in capital:		Photo Attested by principal	
Father Name In Capital Letter:			
Mother Name In Capital Letter:			
Guardian Name In Capital Letter:			
Postal Address In Capital Letter:			
			(Signature of Student)

Distt.			
State	Pin code		
E -mail:			
Date of birth :	Telephone no.		
Nationality:	Native Language		
Your previous qualification	Medium of Study:		
Course Applied for:			
Subject Taken:	1.	2.	3.
	4.	5.	6.
8 th , Xth Board Examination :			
I. Year of passing	II. Roll No.		
III. Name of Board/Council:			
IV. Total Amount of Fee Paid			
Examination Centre Allotted :			
Name Of Affiliated School /AI			

Enclusers:

- 1) Date of Birth Certificate
- 2) Residence Proof
- 3) 4 Miniature Size Photograph
- 4) Photocopy of Previous Qualification
- 5) Transfer Certificate / Migration Certificate

Signature of Controller

Signature of Principal