

BOARD OF SECONDARY EDUCATION SIKKIM
ALSO KNOWN AS , SIKKIM BOARD OF SCHOOL EDUCATION

Admission/Examination Form

Institute/Centre/Study Centre/Examination Centre Name:

Student Name(In English) _____

Father's Name (In Eng.) _____

Mother's Name (In Eng.) _____

Date of Birth: _____ Class _____

Residence Address :

Village _____ P.O. _____ Mohalla _____

St. No. _____ Tehsil _____ Distt. _____

Pin Code _____ Phone No.(Own) _____ Resi _____

Other _____ Session / Year :

Previous Qualifications

Sr.	Class	Roll No.	Session	School/Distt.	Board	Result
1.						
2.						
3.						
4.						

Subjects Offered:

Sr.	Subjects	Medium	Sr.	Subjects	
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Above detail is given by me (Student/Candidate) and I have read and understood and accept the rules and regulations, terms (offline and online) and conditions of Delhi State Open School and agree to abide by them.

Sign. Of Candidate:

Signature and Stamp of Institute

(In Eng.) _____