



TAGORE INTERNATIONAL SCHOOL
VASANT VIHAR, NEW DELHI-57
CIRCULAR FOR CLASS IX

TIS/ VV/ 2025-26/093

September 2025

Dear Parents

The process of registration for the CBSE Class X Board Examination begins when the students are in class IX. You are requested to fill the attached proforma with complete information for the same.

Kindly go through the guidelines given below before filling the form:

1. The form should be filled in BLOCK LETTERS.
2. Kindly write the full (expanded) name of the student and parents as per the entry made in the school records at the time of admission. **No abbreviations are allowed. Please ensure that the spellings are correct.**
3. The **date of birth** should be as per the school records.
4. The data provided should correspond with the information furnished in School records, Birth Certificate, Aadhaar Card etc.
5. The subjects opted for/ by your ward should be filled correctly and as per the scheme of studies.
6. Visually impaired students are exempted from paying the registration fee.
7. Kindly submit the following documents to the Class Teacher by **Monday, 22 September 2025**.
 - **CBSE Registration Fee – RS. 320/- (in cash)**
 - **Registration Form duly filled and signed by both the Parent along with the copy of Aadhaar card of the student to be submitted.**
 - **Coloured passport size photograph in school uniform with the name of the student and date on which the photograph has been clicked mentioned on the photograph (Scan Copy & Hard Copy). A sample is shared for the same.**



KULWANT SINGH

Ms. Jyotika Jakhar
Principal



TAGORE INTERNATIONAL SCHOOL

VASANT VIHAR, NEW DELHI-57

FORM FOR CLASS IX

TIS/ VV/ 2025-26/093

September 2025

(All the details to be filled in BLOCK LETTERS)

1. NAME OF THE CANDIDATE: _____
2. DATE OF BIRTH: (DD-MM-YYYY e.g. 10-Jul-1995): _____
3. GENDER (Please tick): MALE- ☐ FEMALE- ☐
4. MOTHER'S NAME(as per Aadhaar Card) : _____
5. MOTHER'S MOBILE NO: _____ EMAIL ID: _____
6. FATHER'S NAME(as per Aadhaar Card): _____
7. FATHER'S MOBILE NO: _____ EMAIL ID: _____
8. CATEGORY(Please tick) - (1) GENERAL ☐ (2) SC ☐ (3) ST ☐ (4) OBC ☐
9. DIFFERENTLY ABLED (Please tick)
(supported with required documents i.e Disability Certificate & Annexure)
(i) VISUAL IMPAIRMENT ☐ (ii) HEARING IMPAIRMENT ☐
(iii) LEARNING DISABILITY ☐ (iv) ANY OTHER _____
- I) SUBJECT 1 (First Language) - ENGLISH (LANGUAGE AND LITERATURE)
II) SUBJECT 2 (Second Language) - _____ III) SUBJECT 3- _____
IV) SUBJECT 4 - _____ V) SUBJECT 5 - _____
10. ANNUAL INCOME OF THE FATHER & MOTHER _____
11. IS YOUR WARD THE ONLY CHILD (Please tick) – YES ☐ NO ☐
12. IS YOUR WARD A SINGLE GIRL CHILD (Please tick) – YES ☐ NO ☐

SIGNATURE OF THE PARENT/GUARDIAN

SIGNATURE OF THE STUDENT

NAME OF THE PARENT/GUARDIAN

NAME OF THE STUDENT