



उच्चतर माध्यमिक शिक्षा मण्डल- दिल्ली  
Ucchatar Madhyamik Siksha Mandal - Delhi

**EXAMINATION FORM**

201101503  
Form No.....

SECONDARY EXAMINATION 20 - 20

(To be filled by the office)

Institute Code No.

Date

Sr. No.

Enrolment No.

Roll No.

Name of Institution..... State

(To be filled by the student)

1. विद्यार्थी का नाम (Name of student in Capital Letters)

2. पिता/पति का नाम (Father`s/Husband`s Name)

3. माता का नाम (Mother`s Name)

4. जन्म तिथि (Date of Birth) -----

5. पूरा पता (Full Address)

6. विषय/एवं कोड नम्बर (Subject and Code)

1.

2.

3.

4.

5.

6.

7. शैक्षिक योग्यता (Educational Qualification)

S. No.	Name of Institute	Name of Board	Subject Name	Marks	Div.	Results%

8. परीक्षा का प्रकार (Kind of Examination) Tick (Here)

Reguler

Private

9. धर्म (Religion).....

10. जाति (Cast)

(1) अनुसूचित जाति S.C.

(2) अनुसूचित जन जाति S.T.

(3) पिछडी जाति O.B.C.

(4) सामान्य जाति G.C.

11. माध्यम कोड (Medium code):

(1) Hindi

(2) English

Signature of parents

Signature of Principal and seal

Signature of Student