



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

EXAMINATION FORM

201100887
Form No.....

(To be filled by the office) HIGHER SECONDARY EXAMINATION 20 - 20
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.

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) पिछड़ी 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