



AMU Board of Secondary and Senior Secondary Education
ALIGARH MUSLIM UNIVERSITY, ALIGARH
Secondary School Certificate (Class X) Examination
Session: 20 _____ - _____
DATA COLLECTION FORM FOR EX-STUDENT

PASTE
(do not staple)
PHOTOGRAPH
Passport size
unattested

School: _____

Cash Receipt No.	Dated	Amount (Rs)

Note: All entries should be in Capital Letters Only.

Enrolment No. Section Class R.No. Batch
(To be filled in by Candidate) (as in school) (as given by school) (like 18SCX2 for science)

- (1) Status: (Choose any one)
(i) Regular (ii) Compartment (iii) Improvement
(iv) Compartment & Improvement both (v) Ex/Fail
(to appear in all paper without sessional)

(2) Name of the Candidate _____

(3) Father's Name _____

(4) Mother's Name _____

(5) Gender (6) Category (7) Religion
(M/F/O) (GN/SC/ST/BC) (H/M/S/C/I)

(8) Aadhar No. (9) Scholar Reg. No.

(10) Contact No. (F) (11) Contact No. (M)

(12) Physically Disabled
(Yes/No)

(13) Date of Birth (in Christian Era)

Day	Month	Year

(14) Permanent Address _____

District _____ State _____
Pin Code _____

(15) Tick the Appropriate subject in which the student wishes to appear (Select None in case no paper is opted)

Scholastic Area			
Paper I	English	<input type="checkbox"/>	None <input type="checkbox"/>
Paper II	Hindi	<input type="checkbox"/>	Urdu <input type="checkbox"/>
Paper III	Mathematics	<input type="checkbox"/>	None <input type="checkbox"/>
Paper IV	Science (Physics, Chemistry & Life Science)	<input type="checkbox"/>	None <input type="checkbox"/>
Paper V	Social Sciences (History, Civics, Geography & Economics)	<input type="checkbox"/>	None <input type="checkbox"/>

Additional Subject (Opt anyone)

ICT	<input type="checkbox"/>	Hindi	<input type="checkbox"/>	Urdu	<input type="checkbox"/>	Arabic	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>
Commerce	<input type="checkbox"/>	Home Science	<input type="checkbox"/>	Sanskrit	<input type="checkbox"/>	Persian	<input type="checkbox"/>	None	<input type="checkbox"/>

Undertaking

I have thoroughly checked all the details as filled in for registration of Class X Examination of my ward. I would not request for any change in the details in the registration form of my ward such as Date of Birth/Student's Name/Father's Name/Mother's Name etc. If any mistake is detected before or after declaration of result, I will solely be held responsible for the same.

(Signature of Father/Guardian)

(Signature of Mother)

(Signature of Student)
(within the Box)

Forwarded to Exam Division, Controller's Office

(Signature)
Office of the school concerned