

HARYANA STATE OPEN BOARD OF SCHOOLING

[Recognized by Government of Haryana]

Application form for Admission to Class 10th (HSOBS)

*Before filling up the Application form read the instructions in the Prospectus carefully.

(To be filled by School/AC Coordinator as pe			
School/AC Code No:		Admission No.	
Fee Particulars:			
Application cum Registration	Admission Fee (in Rs.)	Other Fee, if any (in Rs.)	Total Fee (in Rs)
		-40	
	To be filled by the car	ndidate	
		Tallatto	
1. Name of the Affiliated Institution	with Address:		
		0	Paste Latest Passport Size
			Photograph
2. Name of the Candidate in full (in	(Color)		
			12
Last Name:			
First Name:			
First Name:			
3. Father's Name: Even married wo	oman also should enter	only Father's Name	
4. Mother's Name:			(2)
Item No. 5 & 6 Put tick mark (v	/)		_
5. Sex: Male Female	6. Marital Stat	us: Married Uni	married
7. Date of Birth in	Date	Month	Year
Figures			
		<u> </u>	+ + +
8. Community: UR	OC BC OB	C SC ST	Minority
Put tick mark (√)			
(MRO Certificate to be enclosed)			
(a) Name of the Sub caste in o	case of Other than OC :		
9. Annual Family Income: Rs			
		h 4 a 4 la a 11 T a 12	
10. Nationality: Religio	on: State: _	Mother Ton	igue: [

11. Differently abled ((If deformity is Enclose certifi 12. Identification Mar	40% or more cate)	(√) 1) Visually impai 3) P.H		2) Deaf, Deaf and Du I) Dyslexia	mb 🔲		
_	KS.						
13. Previous Education (only passed class sh			:e)				
14. If already studied	& failed in class 1	0 th of any other Boa	rd give deta	ails:			
S. Enrollment	Year of N	lame of the Board	Medium	No. of subjects	Marks		
No. No.	Appearance	& Address		passed	obtained		
2 3			0 100				
4							
15. Transfer of Credit (TOC) of two subjects for which exemption claimed:							
		, 	·				
Subject-1:	Code	Subjec	[-2:	Code			
16. Subjects Selected	d for study in class	10th (HSOBS):					
C. No. Crown	Cada Na			Cubicat			
S. No Group	Code No	-		Subject			
1.		7.7					
2.		/			1 10		
3.							
4.		_					
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5.							
6.							
7.							
17. Medium of Instruc	etion:						
100							
18. Postal Address:	Present			Permanent			
			- 4				
-					7 5		
Mobile No:							
Declaration:	eby solemnly affirm	n that all the particul	ars and info	ormation furnished by	me in this		
application form a	re true. If any info	ormation is found fa	lse and /or	if any document / e	enclosure is		
found fraudulent, I may be liable for any action by the Director, HSOBS besides canceling my admission / performance in the examination at any stage. I have carefully gone through the							
				ly conversant with the			
conditions to be satisfied for appearing at class 10 th (HSOBS) exams and I further declare that I have sufficient knowledge and I am capable of studying Class X.							
Signature of School	/Center Director wit	 th Seal	 Full 9	Signature of the candi	 date		