

# PUNJAB SCHOOL EDUCATION BOARD

**FOR MATRICULATION EXAMINATION 1st & 2nd SEMESTER SESSION 2010-11**

( Particulars in this form are to be filled in by the Candidate after reading the prospectus and syllabi)  
DO NOT TEAR OR MUTILATE OR FOLD THIS FORM.



For Private Candidate Only

\* Tick only the appropriate box like

<b>FOR OFFICE USE ONLY</b>	
SHEET NO. <input style="width: 50px;" type="text"/>	
ROLL NO. <input style="width: 100px;" type="text"/>	
Centre Code <input style="width: 50px;" type="text"/>	

Male  Female  Religion:- Sikh  Hindu  Muslim  Christian  Others

District Code <input style="width: 30px;" type="text"/>	District Name <input style="width: 100px;" type="text"/>	*Indian <input type="checkbox"/>	Foreigner <input type="checkbox"/>	*Rural <input type="checkbox"/>	Urban <input type="checkbox"/>	* GENERAL <input type="checkbox"/>	BC <input type="checkbox"/>
						SC <input type="checkbox"/>	ST <input type="checkbox"/>

<b>General</b> <input type="checkbox"/> <b>Open School</b> <input type="checkbox"/>	<b>Category:-</b> Full Subject <input type="checkbox"/> Improvement <input type="checkbox"/> Reappear <input type="checkbox"/> Additional Subject <input type="checkbox"/>	Deaf & Dumb <input type="checkbox"/> Handicapped <input type="checkbox"/> Blind <input type="checkbox"/>	<b>Annual Family Income in rupees:</b> Upto 30000 <input type="checkbox"/> 30001 to One Lac <input type="checkbox"/> Above One Lac <input type="checkbox"/>	Paste recent Passport size Colour Photograph without attestation. Do Not staple.
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<b>Desired Centre Name</b> 1. <input style="width: 80%; border-bottom: 1px solid black;" type="text"/> 2. <input style="width: 80%; border-bottom: 1px solid black;" type="text"/> 3. <input style="width: 80%; border-bottom: 1px solid black;" type="text"/> 4. <input style="width: 80%; border-bottom: 1px solid black;" type="text"/>	<b>Signature of the Candidate In:</b> English <input style="width: 80%; border-bottom: 1px solid black;" type="text"/> Punjabi <input style="width: 80%; border-bottom: 1px solid black;" type="text"/>
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Name of the Candidate in English (In Capital Letters)

Father's Name in English (In Capital Letters)

Mother's Name in English (In Capital Letters)

Date of Birth. Date   Month   Year 1  9   DOB in Words :

Regn. No.

**Name of the Candidate (In Punjabi)**   
**Father's Name (In Punjabi)**   
**Mother's Name (In Punjabi)**

Address: ..... P.O. .... Post. .... Teh. .... Dist. .... Pinc. ....	<b>Fee Details:-</b> <b>Place:</b> <input style="width: 100%; border-bottom: 1px solid black;" type="text"/> <b>Fee Amount in Rs</b> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <b>Receipt No.</b> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <b>Dated</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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<p><b>(i) For Full Subjects</b></p> <table style="width: 100%;"> <tr> <th style="text-align: left;">Subject Code</th> <th style="text-align: left;">Subject Name</th> <th style="text-align: left;">Medium Code</th> </tr> <tr> <td><input type="checkbox"/> 0</td> <td>PUNJABI <input type="checkbox"/> OR PUNJAB HISTORY &amp; CULTURE <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 0 2</td> <td>ENGLISH</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 0 3</td> <td>HINDI</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 0 4</td> <td>MATHEMATICS</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 0 5</td> <td>SCIENCE</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 0 6</td> <td>SOCIAL STUDIES</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 0 8</td> <td>HEALTH &amp; PHY. 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EDUCATION	<input type="checkbox"/>	<input type="checkbox"/> 6 3	COMPUTER SCIENCE	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	.....	<input type="checkbox"/>	<p><b>(ii) For Re Appear/Additional Subject Category :-</b></p> <table style="width: 100%;"> <tr> <th style="text-align: left;">Subject Code</th> <th style="text-align: left;">Subject Name</th> <th style="text-align: left;">Medium Code</th> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> </tr> </table> <p>Xth Pass /Re-appear Roll No. <input style="width: 100%; border-bottom: 1px solid black;" type="text"/>                  Board <input style="width: 50%; border-bottom: 1px solid black;" type="text"/> Session/Year <input style="width: 50%; border-bottom: 1px solid black;" type="text"/></p> <p>*If Re-appear/Improvement in Subject with Practical, Do you want to appear in Practical Examination again?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Subject Code	Subject Name	Medium Code	<input style="width: 20px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 20px;" type="text"/>	<p><b>(iii) For Improvement /Open School Reappaer/Blind/Deaf &amp; Dumb/Foreigner candidates category:</b></p> <table style="width: 100%;"> <tr> <th style="text-align: left;">Subject Code</th> <th style="text-align: left;">Subject Name</th> <th style="text-align: left;">Medium Code</th> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> </tr> </table>	Subject Code	Subject Name	Medium Code	<input style="width: 20px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 20px;" type="text"/>
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