

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

FOR OFFICE USE ONLY	
SHEET NO. <input style="width: 40px;" type="text"/>	
ROLL NO. <input style="width: 100px;" type="text"/>	
Centre Code <input style="width: 100px;" type="text"/>	

Male Female Religion:- Sikh Hindu Muslim Christian Others

District Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	District Name <input style="width: 100%; height: 20px;" type="text"/>	*Indian 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"/>

General <input type="checkbox"/> Open School <input type="checkbox"/>	Category:- 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"/>	Annual Family Income in rupees: 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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Desired Centre Name 1. <input style="width: 80%; border: none;" type="text"/> 2. <input style="width: 80%; border: none;" type="text"/> 3. <input style="width: 80%; border: none;" type="text"/> 4. <input style="width: 80%; border: none;" type="text"/>	Signature of the Candidate In: English <input style="width: 80%; border: none;" type="text"/> Punjabi <input style="width: 80%; border: none;" 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. Place	Fee Details:- Place: Fee Amount in Rs <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Receipt No. <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Dated <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>(i) For Full Subjects</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>0 <input type="checkbox"/></td> <td>PUNJABI <input type="checkbox"/> OR PUNJAB HISTORY & CULTURE <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>0 2 <input type="checkbox"/></td> <td>ENGLISH</td> <td><input type="checkbox"/></td> </tr> <tr> <td>0 3 <input type="checkbox"/></td> <td>HINDI</td> <td><input type="checkbox"/></td> </tr> <tr> <td>0 4 <input type="checkbox"/></td> <td>MATHEMATICS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>0 5 <input type="checkbox"/></td> <td>SCIENCE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>0 6 <input type="checkbox"/></td> <td>SOCIAL STUDIES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>0 8 <input type="checkbox"/></td> <td>HEALTH & PHY. 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Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Subject Code	Subject Name	Medium Code	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	<input type="checkbox"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	<input type="checkbox"/>	<p>(iii) For Improvement /Open School Reappaer/Blind/Deaf & Dumb/Foreigner candidates category:</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>1. <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></td> <td>_____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></td> <td>_____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></td> <td>_____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></td> <td>_____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></td> <td>_____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></td> <td>_____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></td> <td>_____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>8. <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></td> <td>_____</td> <td><input type="checkbox"/></td> </tr> </table>	Subject Code	Subject Name	Medium Code	1. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	<input type="checkbox"/>	2. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	<input type="checkbox"/>	3. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	<input type="checkbox"/>	4. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	<input type="checkbox"/>	5. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	<input type="checkbox"/>	6. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	<input type="checkbox"/>	7. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	<input type="checkbox"/>	8. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	<input type="checkbox"/>
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