From: (Name & Address of Father / Mother) Name:					CLASS: 10 CONFIRMATION FORM ICSE - 2024 EXAMINATION			
Address:					ID. No)/.		
					Class: 10 Sec Roll No			
Contact No: Whatsapp No					Science	e /Commerce (l	Please Tick)	
To The Principal, Rose Bud School, Liluah, HOWRAH					Date:			
Dear Sir,								
may be wit	thdrav	t you to send up my so wn from this examinat school in Class – 10 or	ion if he/she o	does not o				
Name								
	(I	n BLOCK letters , as gi	ven in the Clas	s – 9 ICSE	E Registra	ation Card)		
Date of Birth					UID NO			
Aadhar No	,	Date Months	Year					
Mother's Name:								
Father's Na								
		e:						
OBC/SC/ST/Other: Religion;					Sex, Nationality			
Group	S1	Subjects		Code	Tick			
Group - I	1	English Bengali		01		Compulsory Select any one		
	2			03				
		Hindi		05				
Group-II	3 4	History/Civics / Geography Mathematics Science (Physics/Chemistry/Biology)		50 51		Compulsory Compulsory		
	5			52		Compulsory	For Science	
	6	Commercial Studies	, / /	63		Compulsory	For Commerce	
Group-III	7	Art		60				
	8	Home Science	68		Select any one			
	10	Computer Applications	86					
	11	Economic Applications		87				
		e Information of the cand e and correct, and that no	idate entered or					
Signature o	of Fatl	ner	Signature	of Mothe	er	Signa	ture of Students	

NB: All the data must be filled as per the registration card.