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| **माता-पिता/अभिभावक अभिस्वीकृति**  **WACE भाषा कोर्स में नामांकन**  छात्र/छात्रा का नाम: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  स्कूल का नाम: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  मैं स्वीकार करता/करती हूं कि मैंने इस आवेदन को देखा है। मेरी सबसे अच्छी जानकारी के अनुसार यह आवेदन सत्यता और सही ढंग से पूरा किया गया है।  नाम: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  हस्ताक्षर: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ तिथि: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  माता-पिता/ अभिभावक की संपर्क ईमेल:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   वर्तमान आवासीय पता।  नंबर/स्ट्रीट: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  उपनगर: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  पोस्टकोड: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***यदि कोई छात्र/छात्रा नामांकन की अनुमति के लिए अपने आवेदन के समर्थन में गलत या भ्रामक जानकारी प्रदान करता/करती है, तो वह परीक्षा के नियमों का उल्लंघन करेगा/करेगी और उसे कोर्स से निकाला जा सकता है या आधिकारिक स्कूल पाठ्यक्रम और मानक प्राधिकरण के रिकॉर्डों से उसके परिणामों को हटाया जा सकता है।***