



ADARSH PUBLIC SCHOOL
NYAY KHAND-2 INDIRAPURAM, GZB

REGISTRATION FORM

REGISTRATION NO.....

Date.....

1. Name of student.....
2. Date of birth.....Category: Sc St. Gen. OBC
3. Previous school name.....Last class attended.....
4. Admission sought in which class.....
5. Father's Name.....Occupation.....
6. Residential Address.....
7. Permanent Address.....
8. Official Address.....
9. Mother's Name.....Occupation.....
10. Official Address.....
11. Total monthly income of parents.....
12. Academic Qualification of parents.....
(a) Father..... (b) Mother.....
13. Telephone No. (if any) (a) Office,..... (b) Resi.....

I certify that the particulars furnished above are correct to the best of my knowledge and belief that my ward is not suffering from any contagious or other chronic disease.

Signature of Parents/Guardian

ADARSH PUBLIC SCHOOL

Ph.0120-6441621, 6401621, 8130265292

Registration No.....Dated.....Received Rs.....

And registration fee in respect of Master/Miss.....

Class..... S/o, D/o.....

Parents/Guardians are requested to bring the ward for entrance test

on.....

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