

Since: 1998



ADARSH PUBLIC SCHOOL

NYAY KHAND-2 INDIRAPURAM, GZB

MOB: 8130265292, 9953418122

E-mail Id: - adarshindirapuram@gmail.com , Website: - www.apsindirapuram.com

REGISTRATION FORM

REGISTRATION NO:

DATE:

1. Name of Student:
विद्यार्थी का नाम :
2. Date of Birth:
जन्म तिथि :
3. Previous School Name:
पहले स्कूल का नाम :
4. Admission sought in which class : Last Class Attended:
किस कक्षा में प्रवेश चाहिए अंतिम कक्षा में उपस्थिति :
5. Father's Name: Occupation:
पिता का नाम : व्यवसाय :
6. Mother's Name: Occupation:
माता का नाम : व्यवसाय :
7. Residential Address:
वर्तमान पता :
8. Permanent Address:
स्थायी पता :
9. Annual Income of Parents: a) Mother: (b) Father:
माता-पिता की वार्षिक आय : माता : पिता :
10. Academic Qualification of Parents: a) Mother: (b) Father:
माता-पिता की शैक्षणिक योग्यता: माता : पिता :
11. Mobile No. (a) Mother: (b) Father:
माता : पिता :

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

माता-पिता / अभिभावक के हस्ताक्षर

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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: at:

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Sr. No.

ADMISSION FORM

Session :

Passport size
Photograph of the
student

Class in which admission is sought for :

1. (a) Name of the Child in full (in Capital Letters) :

(b) Sex: Male Female

2. Date of Birth: Day Month Year

In words:

Age of the student as on 31st March: Year Month Day

3. Blood Group of the child:

4. Do you belong to GEN /SC /ST /OBC /EWS /Disabled /S.G.Child? Attach Certificate

GEN. CAT. SC ST OBC EWS Disabled SG Child OTHER

5. Details Of Parents:

Details Of Mother / Father	Mother	Father
1. Name (in capital letters)		
2. Nationality		
3. Occupation		
4. Name of the office & full address with Mobile No:		
5. Full residential address with Mob. No.		
6. Permanent Address		
7. Annual Income In (₹)		

6. Name & Address of Local guardian (if any):

7. Name & Address of the School last attended with Class:

8. Whether last school was CBSE affiliated:

9. If, the last school was not affiliated with CBSE specify name of the Board:

10. (a) Result of last examination: (b) Percentage: (c) Roll No:.....

11. Subjects proposed to offer: 1 2 3
4 5 6

12. Whether the transfer certificate is attached YES/ NO: Date of T.C:

13. Mother tongue: Home town:

14. Students Aadhar No: Email id:

DECLARATION BY THE PARENTS

I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief I shall abide by the rules of the School.

Date:

Signature of parents