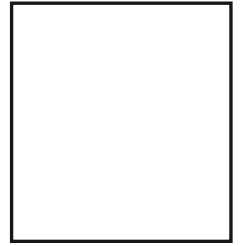




SHRI RAM PUBLIC SCHOOL

Pusar-Kishanpur Baral Link Road, Doghat (Baghat)-250622

Application for Registration and Admission BOARDER / DAY SCHOLAR



Student's Photograph

The Principal S.R.P.S.

Please register my son / daughter / ward.....for admission to Class.....for the Academic Session 20__ - 20__. I certify that the particulars given below

are true and correct. I have read the school prospectus and agree fully to abide by the rules and regulations written therein or as modified by the school from time to time. I undertake full responsibility for the payment of all fee bills and settle any other dues promptly in the account of my son/daughter/ward. **I shall give one month's notice of withdrawal or shall pay one month's fee in lieu of notice.** I accept that the decision of the Principal with regard to school discipline is final and binding. **I certify that the boy/girl is not suffering from any contagious constitutional or hereditary disease or infirmity.**

Date.....

Signature of Parent/Guardian

Registration done on

Admitted on

Against Serial Number

Against Serial Number

Vide Receipt Number

Vide Receipt Number

Admission Granted to Class

Date.....

Signature of Parent/Guardian

FOR OFFICE USE

Registration done of
D D M M Y Y Y Y

Registration done of
D D M M Y Y Y Y

Against Serial Number

Against Serial Number

Vide Receipt Number

Vide Receipt Number

Admission Granted to Class

Section

Vide Admission Number

SLC Number

House Alloted

Hostel Number

Adm. Incharge

Accountant

Principal

BIO DATA OF THE CANDIDATE

To be filled up by the Parent/Guardian of the Candidate (in CAPITAL LETTERS)

FULL NAME OF STUDENT:

SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MIDDLE NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SEX MALE

<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	MOTHER TONGUE																
--------------------------	--------	--------------------------	---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(Birth Certificate from Municipal Corporation be attached if the child has not studied in an recognized school.)

PLACE OF BIRTH

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NATIONALITY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RELIGION

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STUDENT'S

					VALID UP TO	D	D	M	M	Y	Y	Y	Y
--	--	--	--	--	-------------	---	---	---	---	---	---	---	---

PASSPORT NO

AADHAR NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Copy of Aadhar

Attached

Yes

<input type="checkbox"/>	No	<input type="checkbox"/>
--------------------------	----	--------------------------

HEIGHT

--	--	--

cms

WEIGHT

--	--	--

Kgs.

BLOOD GROUP

		Ve
--	--	----

CLASS TO WHICH ADMISSION IS SOUGHT (Write in words)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ELECTIVE SUBJECT(S) TO BE OFFERED IN CASE ADMISSION IS SOUGHT TO CLASS XI

a)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

c)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

d)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IS ANY (REAL) BROTHER OR SISTER STUDYING IN THIS SCHOOL? IF SO MENTION HIS/HER NAME AND CLASS

a) NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CLASS

--	--	--

SECTION

	ADMN. NO
--	----------

--	--	--	--	--	--

WHETHER SCHOOL CONVEYANCE IS REQUIRED OR NOT?

YES

NO

Any special consideration expected from the school in view of the child's peculiar health condition:

PARENTS

GUARDIAN

MAILING ADDRESS

HOUSE NAME/NO	.....	.....
VILLAGE/STREET	.....	.....
LOCALITY/COLONY	.....	.....
POST OFFICE	.....	.....
POLICE STATION	.....	.....
TOWN/CITY	.....	.....
DISTRICT	.....	.....
STATE	.....	.....
PIN CODE	.....	.....
COUNTRY	.....	.....
STD CODE	.....	.....
TEL. NUMBER (O)	.....	.....
TEL. NUMBER (R)	.....	.....
MOBILE	.....	.....
EMAIL	.....	.....
SIGNATURE	_____	_____

DETAILS OF THE LAST SCHOOL ATTENDED

Name of School last attended

Town/City Is that school recognized Yes No.....

If so, state the name of the board by which it is recognized

class in which he/she was studying

Proficiency in any game (specific details)_____

Reason for leaving the school _____

Name of the person applying for the registration/admission_____

Relationship _____ Address _____

AFFIDAVIT

I do hereby solemnly declare that the date of birth in respect of my son/daughter/ward_____ furnished by me in this form is according to the best of my knowledge/Municipal record, is correct and that I have concealed nothing, while making the above statement and I will have no claim for a change in the date of birth mentioned above by virtue of this affidavit.

Date _____

Signature of Parent/Guardian

UNDERTAKING

We acknowledge that the school has told us that the day schooling seats are different from the boarding seats and a boarder cannot be changed to a day scholar as both boarding and day schooling seats have different and definite counts.

Date _____

Signature of Parent/Guardian

UNDERTAKING

I have admitted my ward _____ in Shri Ram Public School in Class XI under _____ % Scholarship. I undertake full responsibility to give back all the scholarship benefit given to my ward in the school fees as well as in the hostel fees, if I withdraw my ward before the XII Board Examinations or if my ward is suspended/rusticated from the school on disciplinary grounds or if he does not continue to score at least 70% marks in all the individual subjects he is studying at any point of time in Class XI or XII.

Name of Parent/Guardian: _____

Signature of Parent/Guardian

Relation with the Student: _____

Signature of Student

Date _____

ADMISSION TEST REPORT/MARKS DETAILS

ADMISSION TEST CONDUCTED ON ____/____/____

SUBJECTS	MAX. MARKS	MARKS OBTAINED
1)
2)
3)
4)
5)

SPECIAL REMARKS IF ANY - _____

Examination Incharge



SHRI RAM PUBLIC SCHOOL

Pusar-Kishanpur Baral Link Road, Doghat (Baghat)-250622

PERSONS AUTHORISED TO MEET/TAKE AWAY THE STUDENT FROM THE SCHOOL

Name _____ Class _____ Admission No. _____

FATHER	Photograph
Specimen Signature	
Name _____	
Address _____	

Email _____	
Tel Res. _____ Off. _____	
Mobile _____	

MOTHER	Photograph
Specimen Signature	
Name _____	
Address _____	

Email _____	
Tel Res. _____ Off. _____	
Mobile _____	

GUARDIAN/ AUTHORISED PERSON (FIRST)	Photograph
Specimen Signature	
Name _____	
Address _____	

Email _____	
Tel Res. _____ Off. _____	
Mobile _____	

GUARDIAN/ AUTHORISED PERSON (SECOND)	Photograph
Specimen Signature	
Name _____	
Address _____	

Email _____	
Tel Res. _____ Off. _____	
Mobile _____	