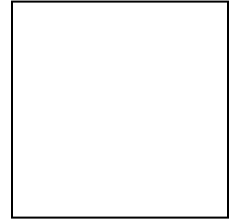




0154-2460405, 2463405

ARORVANSH PUBLIC SCHOOL

English Medium & Co-Educational
Gaganpath, Jawahar Nagar
Email: apssgnr@gmail.com



REGISTRATION/APPLICATION /ADMISSION FORM

- 1 **Name of child** (In Block Letters).....
- 2 **Date of Birth** (In Figure).....(In Words).....
- 3 **Place of Birth** 4. **Nationality**
4. **Categories SC/ST/OBC/GEN** **(Please attach self attested photocopy)**
- 5 **Father's Name** **Qualification**
- Occupation/Designation.....Office address
- Residential address
- Phone No.
6. **Mother's Name****Qualification**
- If Working, give designation and office address
- Phone No (Office) **Residence**
7. **Guardian** (If different from parents) **Name & Address with Phone No.**
8. **Monthly Income** **Father**.....**Mother**
- 9 **Previous education**.....
- 10 **Name of the school last attended**.....
11. **Class up to which studied**
12. **Class to which admission sought**.....
13. **Whether school conveyance is required**

Certified that the information given in the application is true and to the best of my knowledge, that I shall abide by the rules as laid down by the School from time to time.

Date.....

Signature of Parent//Guardian

FOR OFFICE USE

On the basis of the admission test and interview, the child is admitted to class

Admission – In- charge

PRINCIPAL

Date.....

