

# ADMISSION FORM

Afl. No. 330774

School No. 50709



## Anand Public School

Affiliated to C.B.S.E., New Delhi  
Sabour, Bhagalpur, NH-80, Near Block Chowk  
Ph : 9576810249, 8210309016

[Use Capital Letters only]

Admission No.  
(To be filled by the Office)

Guardian's  
Photograph

Father's  
Photograph

Mother's  
Photograph

Please affix a recent  
colour photograph  
of the child

We, .....and.....desire to have our son/  
daughter ward whose particulars are given below, admitted as a day scholar in your school.

### INFORMATION OF CHILD

Last Name	<input type="text"/>	First Name	<input type="text"/>
Gender	Date of Birth	Date of Birth in Words	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	
Class for which Admission in sought	Religion	Nationality	SC/ST
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### RESIDENCE ADDRESS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Tel :
Fax :

### CORRESPONDENCE ADDRESS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Tel :
Fax :

Emergency Contact Numbers / Mobile Nos. :

<input type="text"/>
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### FAMILY INFORMATION

Father / Guardian

Name :	Age :	Nationality :
Education :	Institution :	
Organization working for :	Office Address	
Designation :		
Annual Income	Tel :	

### Transportation Application

Respected Sir / Madam,

Please allow my Son / Daughter / ward to avail your school bus facility

From.....(Bus Stop) to Anand Public School premises. I agree with your rules

& regulation related to transportation.

Signature of Father / Mother / Guardian

**Mother / Guardian**

<b>Name :</b>	<b>Age :</b>	<b>Nationality :</b>
<b>Education :</b>	<b>Institution :</b>	
<b>Organization working for :</b>	<b>Office Address</b>	
<b>Designation :</b>		
<b>Annual Income</b>	<b>Tel :</b>	

**Do you need hostel for your ward**                      **Y / N**

**Medical Fitness Information :** Medical History / Disorder Detail (if any).....

Previous School Attended, if any : .....  
 Recognized / Not Recognized : .....  
 (School Transfer Certificate in Original to be submitted along with).

**Declaration :**

WE hereby declare that the information given in the Registration Form is complete and accurate. We understand and agree that misrepresentation of facts will justify the denial of admission, the cancellation of admission, or expulsion, we have read and do hereby consent to the Terms and Conditions enclosed with the Registration Form. The school has the power of cancellation or termination of my ward from the school at the any time of academic session. I will not challenge the decision of the school management

Signature of Mother / Guadian

Signature of Father / Guadian

Date.....

Date.....

Kindly find enclosed

1. Transfer Certificate
2. Birth Certificate
3. Photograph - Student 5, Parent - 2 each

Please bring Original documents for verification

**FOR OFFICIAL USE ONLY**

<input type="checkbox"/>	Medical Fitness Declaration
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Transfer Certificate (if)
<input type="checkbox"/>	Transportation Request
<input type="checkbox"/>	Admission Fee
<input type="checkbox"/>	5 colour Passport Size Photographs
<input type="checkbox"/>	2 colour Photograph of Parent
Bursar.....	
Date.....	

Information of Students :

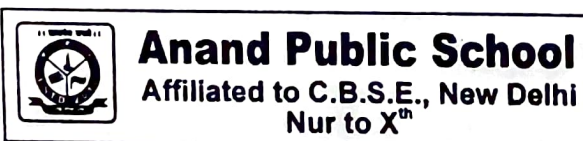
Class :

Section :

House Allotted :

Head of Institution.....

Date.....



**For Official use only**

(The facility is provided to the student at the risk & responsibility of the Parent / Guardians)

Office order : Transportation is allowed / not allowed from the month of .....

Bus Stop

Fee per Month ₹

Signature of Bus in-charge

Signature of Principal