



BHARAT NATIONAL PUBLIC SCHOOL

AN ISO 9001 : 2008 CERTIFIED SCHOOL

Ram Vihar, Karkardooma, Delhi-110 092 • Phone: 22370871, 22378070
E-mail: info@bnpsramvihar.com • Website: www.bnpsramvihar.com

APPLICATION FORM

FOR PROVISIONAL ADMISSION 20__-20__ FOR CLASS

SUBJECT TO FULFILMENT OF TERMS AND CONDITIONS OF THE SCHOOL

PHOTOGRAPH
FATHER

PHOTOGRAPH
MOTHER

PHOTOGRAPH
CHILD

Important: Please answer all questions and write the information clearly in BOLD LETTERS, using Black or Blue Pen.

PERSONAL DATA OF STUDENT

First Name _____ Middle Name _____ Surname _____
Class to which admission sought _____ Sex: Female Male Nationality _____
Date of Birth (In Words) _____
Residence Address _____
City _____ Pin Code Blood Group Category SC BC Gen.
Home Tel.: _____ Mobile: _____ Fax: _____ E-mail: _____
Family Doctor's Name _____ Doctor's Phone No. _____
Special Health Needs _____
Mode of Transport: School Bus Private Van On footers

EDUCATIONAL BACKGROUND

Name of previous School/Play School attended _____
Class Passed _____ year of Passing _____
City/State _____ From _____ To _____
Reason for leaving _____
Has the student ever been expelled/not promoted to next class by any school? YES NO
If YES, please give details _____

PARENT'S INFORMATION

	FATHER	MOTHER
Name	_____	_____
Age	_____	_____
Qualification	_____	_____
Occupation	_____	_____
Designation	_____	_____
Office Address	_____	_____
Annual Income Rs.	_____	_____
Mobile No.	_____	_____

OTHER RELATIVES INFORMATION

1. Real Brother's /Sister's Name _____ Date of Birth
School attending/attended _____ Class _____
2. Real Brother's /Sister's Name _____ Date of Birth
School attending/attended _____ Class _____

Relatives who are studying/have studied in Bharat National Public School

- Name _____ Class _____ Year of Joining _____
Relationship with the student _____ Studying/year of Leaving _____
- Name _____ Class _____ Year of Joining _____
Relationship with the student _____ Studying Year of Leaving _____

DECLARATION

1. **Regarding date of birth and correct name for the School record.**

I hereby certify that the correct date of birth of my child/ward is (In figures)
..... (In words) and the correct spelling of his/her name is
..... (In capital Letter). I hereby declare that I shall not make any
request for change either in the date of birth or the spelling of his/her name.

DOCUMENTS SUBMITTED

1. Date of Birth Certificate
2. School Leaving Certificate duly countersigned by the Education Officer
3. Assessment Report of previous School attended
4. Two Passport size photographs Signature of Parent _____
5. Any other, specify

Name of Parent _____

ADMISSION GRANTED IN CLASS

Remarks, if any _____

Principal Signature

FOR OFFICE USE ONLY

Student's Name _____

Admission No. _____ Class _____ Section _____

Mode of Transport _____ Route No. _____ Pick-up point _____

Transport Incharge Admission Incharge Principal