



BAL BHARTI INTERNATIONAL SCHOOL, SUJANGARH

An English Medium Day Boarding-Cum Residential School

Mega Highway. Bypass, SUJANGARH - 331507
Mob. 8432577124, 8432573423, 08432577226



REGISTRATION FORM

ACADEMIC SESSION _____

NAME OF PUPIL

DATE OF BIRTH NATIONALITY

ADMISSION SOUGHT FOR CLASS SEX MALE FEMALE

CATEGORY GEN SC/ST SBC OBC

NAME OF THE SCHOOL LAST ATTENDED

CLASS LAST ATTENDED MEDIUM

NAME OF FATHER

ACADEMIC QUALIFICATION Sec. Sr. Sec. Graduate Post Graduate Other

OCCUPATION Agriculture Business Defence Govt. Service Pvt. Job

Annual Income

NAME OF MOTHER

ACADEMIC QUALIFICATION Sec. Sr. Sec. Graduate Post Graduate Other

OCCUPATION Agriculture Business Defence Govt. Service Pvt. Job

Annual Income

PERMANENT ADDRESS _____

_____ PIN _____ PHONE/MOBILE _____

RESIDENTIAL ADDRESS _____

_____ PIN _____ PHONE/MOBILE _____

WHETHER SCHOOL TRANSPORT IS REQUIRED YES NO

CYCLE : YES NO SCOOTER / MOTOR CYCLE : YES NO

NAME AND ADDRESS OF LOCAL GUARDIAN

WHEATHER THE CANDIDATE HAS ANY SISTER / BROTHER ALREADY STUDYING IN THIS SCHOOL :

YES NO

IF YES, 1. NAME

CLASS

2. NAME

CLASS

3. NAME

CLASS

DOCUMENT ATTACHED

Yes

No

1. PHOTO

2. BIRTH CERTIFICATE

3. S.L.C./T.C.

4. RESIDENTIAL PROOF

(Zerox copy of Telephone Bill / Electricity Bill / Ration Card / Voter Card etc.)

5. ADHAR CARD

The Registration Fee of Rs. is paid herewith by Bank Draft / Postal Order / Cash Memo No. Date.....

I certify that I am a bonafide parent/guardian of the child and the information furnished above is correct to the best of my knowledge and if any thing is found to be fake or fabricated I shall be responsible for any consequences. I have read the rules of the school. In the event of my ward being admitted to the school. I will abide by the Schools rules and procedures in all respects. I do understand that the decision of the Principal shall be binding on me.

Signature of Parent/Guardians

FOR OFFICE USE ONLY

Acc. No. Alloted.....

Receipt No. Date.....

Fees Received at the time of Admission.....

Class to which Admitted..... Section.....

If Brother/Sister concession, A/c. No.

Accountatn Name.....

Accountant

Fee Concessions :

1. B/S

2. Half Fee

3. Full Fee

Sign. of Principal

Sign. of Director

Remarks

Ad. Committee

Principal

Director