

Since: 1998



ADARSH PUBLIC SR. SEC. SCHOOL

NYAY KHAND-2 INDIRAPURAM, GZB

MOB: 8130265292, 9953418122

E-mail Id: - apsindirapuram.edu@gmail.com, Website: - www.apsindirapuram.com

REGISTRATION FORM

REGISTRATION NO:

DATE:

1. Name of Student:
विद्यार्थी का नाम :
2. Date of Birth: Category: SC ST GEN OBC
जन्म तिथि :
3. Previous School Name:
पहले स्कूल का नाम :
4. Admission sought in which class : Last Class Attended:
किस कक्षा में प्रवेश चाहिए अंतिम कक्षा में उपस्थिति :
5. Father's Name: Occupation:
पिता का नाम : व्यवसाय :
6. Mother's Name: Occupation:
माता का नाम : व्यवसाय :
7. Residential Address:
वर्तमान पता :
8. Permanent Address:
स्थायी पता :
9. Annual Income of Parents: a) Mother: (b) Father:
माता-पिता की वार्षिक आय . a) माता : (b) पिता :
10. Academic Qualification of Parents: a) Mother: (b) Father:
माता-पिता की शैक्षणिक योग्यता: a) माता : (b) पिता :
11. Mobile No. (a) Mother: (b) Father:
माता : (b) पिता :

I certify that the particulars furnished above are correct to the best of my knowledge and belief that
My ward is not suffering from any contagious or other chronic disease.

Signature of Parents / Guardian

माता-पिता / अभिभावक के हस्ताक्षर

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Registration No: Dated: Received Rs.....

And registration fee in respect of Master/Miss:

Class: S/o, D/o.....

Parents/Guardians are requested to bring the ward for entrance test on: at: