

Adhar Card No-



Application form for Registration / Admission

Ph.: 6280818227,  
6280808290

# NARAIN PUBLIC SCHOOL

Affiliated to C.B.S.E.

Sanour Road, Patiala.

Date...../...../.....

(Write in Capital Letters)

(for Office use Only)

Please Affix a  
Recent Coloured  
Photograph  
of Child

Admission Requested to Class

## Information about Pupil

Name of the Child

Sex

Date of Birth

Age as on 31st March

Mother Tongue

Nationality

Blood Group

## Academic Background

Name of Previous School

Class-last attended

Medium of instruction

Achievements in sports (if any)

## General Information

School Conveyance required or not required

Religion

Language of Communication at home

Annual income of Parents

## Family Information

Name of Father / Guardian

Educational  
Qualification

Designation &  
Occupation

Mobile No.

Office Tele. No.

Please Affix a  
Recent Coloured  
Photograph  
of  
Father / Guardian

Name of Mother / Guardian

Educational  
Qualification

Designation &  
Occupation

Mobile No.

Office Tele. No.

Please Affix a  
Recent Coloured  
Photograph  
of  
Mother

Residential Address

Pin.

Tel.

Mobile:



Correspondence Address

Pin.

Tel.

Mobile:

**DECLARATION :**

I hereby certify that the information given in the Admission Form is complete and accurate. I have read and do hereby consent to the Terms and Conditions being enclosed with the Admission Form.

The parents/Guardian may withdraw their ward by giving one month notice or depositing one month fee in lieu of notice. Failing to do so, the school reserves the right not to issue any sort of certificate.

I agreed to abide by the Terms and Conditions.

Signature of Father/Guardian

Date:

Signature of Mother

Date:

**For Office Use Only**

Registration No.....For.....

School Roll No.....Date of Joining.....Class to which admitted.....

Amount received at the time of admission.....

Signature of Headmistress / Principal