

Admission Application Form

No.:

For office use

Issued To 	Reg. No. 	Class/Section 	Receptionist
Enrolment No. 	Date of Admission / / 	Exam roll no. 	House
Fee date / / 	Fee amt. 	Receipt No. 	Last TC (Tick) <input type="checkbox"/> YES <input type="checkbox"/> NO Office Assistant



Bansal Public School, Jaipur

Affiliated to CBSE, New Delhi | CBSE Affiliation No.: **1731118**

BPS Campus : Rohini Nagar Phase II-III, JDA Scheme, Paharia Mode, Sanganer Malpura Road, Jaipur.
 • Ph.: 0141-4028957 • Mob.: +91 80033 98016 • Web.: www.bansalpublicschooljaipur.com

To be filled in block letters only

1.1 Student's Details :-

STUDENT'S NAME											DO NOT STAPLE Affix Latest Passport Size Colour Photograph (Candidate)		
DATE OF BIRTH				PLACE OF BIRTH									
RESIDENTIAL ADDRESS													
CITY				DIST.									
STATE				PIN CODE								BLOODGROUP	
PHONE	RES. 1				2								
MARK OF IDENTIFICATION	1												
	2												
BELONGS TO (Tick)	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> OBC	<input type="checkbox"/> OTHERS	WHETHER HANDICAPPED (Tick)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DISABILITY					
IS THE CHILD THE ELDEST (Tick)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	BROTHER'S / SISTER'S ENROLMENT No.				MOTHER TONGUE						
OPTIONAL SUBJECTS											NATIONALITY		

1.2 Details of the Mother :-

MOTHER'S NAME											
OCCUPATION (pl specify)	Govt Sector <input type="checkbox"/>	Private Sector <input type="checkbox"/>	Business <input type="checkbox"/>	Profession <input type="checkbox"/>	Any Other <input type="checkbox"/>						
Business / Dept / Profession											
OFFICE ADDRESS											
	PHONE NO				MOBILE NO				PAN NO		
E-mail								ANNUAL INCOME Rs.			
RESIDENTIAL STATUS (Pl put a tick mark)	OWNED <input type="checkbox"/>	RENTED <input type="checkbox"/>									

1.3 Details of the Father :-

FATHER'S NAME											
OCCUPATION (pl specify)	Govt Sector <input type="checkbox"/>	Private Sector <input type="checkbox"/>	Business <input type="checkbox"/>	Profession <input type="checkbox"/>	Any Other <input type="checkbox"/>						
Business / Dept / Profession											
OFFICE ADDRESS											
	PHONE NO				MOBILE NO				PAN NO		
E-mail								ANNUAL INCOME Rs.			

_____ Signature of Mother

_____ Signature of Father