

Admission No. 

# ROOP NAGAR PUBLIC SCHOOL

Date of Adm. Roop Nagar, NH-12, Kota Road, JHALAWAR (Raj.) 326 001  
PH.- 07432-513747, 233727

## ADMISSION FORM

**NOTE : PLEASE ALL ENTRIES SHOULD BE FILLED IN BLOCK LETTERS**Class in which Admission sought Stream (For Class XI Students)  BIO  MATHS  COMM.Sex  Male  FemaleBlood Group  Religion Category  General  SC  ST  OBC  MinorityFull Name of the Student  Date of Birth Date   Month   Year    Name of Sibling  Class 

DO NOT STAPLE

Paste passport size colour photograph with good adhesive

	FATHER	MOTHER
<b>Name</b>	<input type="text"/>	<input type="text"/>
<b>Academic Qualification</b>	<input type="text"/>	<input type="text"/>
<b>Occupation</b>	<input type="text"/>	<input type="text"/>
<b>Office Tel. No.</b>	<input type="text"/> <b>Extn.</b> <input type="text"/>	<input type="text"/> <b>Extn.</b> <input type="text"/>
<b>Annual Income</b>	<input type="text"/>	<input type="text"/>
<b>Mobile</b>	<input type="text"/>	<input type="text"/>
<b>E-Mail</b>	<input type="text"/>	<input type="text"/>

Please mention the mobile no. on which you want SMS facility ..... Relation .....

**Address of Correspondence**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tel. with STD Code** \_\_\_\_\_

**PIN CODE**

**Permanent Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tel. with STD Code** \_\_\_\_\_

**PIN CODE**

Preferred mode of conveyance  Self  School

Any particulars weakness/disability of the child which you wish the school should take care of?

Name and Place of school last attended (if applicable)

Aadhar No. of Student

**Enclosures : (Please Tick)**

- Attested photo copy of Birth Certificate issued by Municipal Council.
- Transfer Certificate in original issued from the previous school (with counter signature)
- Attested photo copy of progress report issued from the previous school (if applicable).
- One Passport size photographs.

**NOTE**

1. Non-Submission of any documents will result in rejection of the Form/Admission.

**DECLARATION**

1. All information given by me is correct to best of my knowledge.
2. I will abide by all Rules & Regulation & accept the final decision of management.
3. I will not allow personal vehicle to my ward, till a valid license is issued to him/her.

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Name \_\_\_\_\_

Class in which Admission sought \_\_\_\_\_

Remarks \_\_\_\_\_

Admission Co-ordinator.

Admission granted/Not granted in \_\_\_\_\_ class.

Date \_\_\_\_\_

PRINCIPAL