



ARMY PUBLIC SCHOOL, PATIALA

REGISTRATION FORM

Paste
Recent Photograph
(Passport Size)

REGISTRATION FORM FOR THE SESSION COMMENCING APRIL _____

Admission sought to class.....

1. Candidate's Name.....Boy/Girl
(In Block Letters)

2. Date of Birth (In Figures).....(In words).....

Age as on 31st March of the year of Admission.....Years.....months.

3. Blood Group..... 4. Student's UID (Adhaar).....

5. Father's Name.....
Educational Qualification.....

6. Occupation.....

(a) If in Service : Rank / Designation :

(b) If in Business : Nature of Business :

Address of the business premises :

7. Mother's Name.....

Educational Qualification.....

8. Occupation.....

If in Service : Rank / Designation :

9. Postal Address of Correspondence :

District.....Phone : Office.....Residence.....

10. Category : Gen / SC / ST / OBC

11. Religion : 12. Mother Tongue :

13. Name & Place of School Last Studied.....

Classes	Period From	To

14. Is your child suffering from any ailment ?.....

15. Name of real brother/sister studying at the time of registration :

.....Class.....House.....

16. I have read and understood the Rules & Regulations of the School and the same are binding on me.

Dated.....

(Signature of Parent/Guardian)

Full Name.....

FOR OFFICE USE

Received a sum of RsDated.....by Cash/DD/Cheque No.....

Dated on (name of bank).....

Student Name.....Father's Name.....

Class Category-OR/JCO/OFFR.

Date:

Signature of dealing Clk