IDEAL PUBLIC SCHOOL, SONEPUR

APPLICATION FORM FOR ADMISSION- 202

Class:- Date: Regd. No.

Photo

1. Name of the Student:
2. Name of the Father:
3. Name of the Mother:
4. Name of the Guardian:
5. Nationality:
6. Religion: Hindu Muslim Christian (Put √ Mark)
7. Minority: Yes No
8. Date of Birth(As per birth certificate/TC)

   In word
9. Permanent Address: AT PO

   PS DIST.

   PIN STATE
10. Present Address: AT PO

    PS DIST.

    PIN STATE
11. Sex: *(Put √ Mark)* Male Female Whether only child? -Yes/No
12. Category: *(Put √ Mark)* GEN OBC SC ST SEBC
13. Caste:
14. Aadhaar No.:

PEN NO-

15. Blood Group:
16. Email Id:
17. Mobile No.:
18. Annual Income (Per annum) : Father - Rs. Mother - Rs.
19. Occupation of parent's : *(Put √ Mark)* Service Business
20. The School from which the student transferred:

Place:

Date:

(NB:- Once admitted no money will be refundable.)

Signature of the Parents/Guardian

For Office Use Only

Date of Admission: Class: Section: Roll No.:

Manual Receipt No: Date: Amount in Rs.:

Computerised Receipt No. :

Signature of Dealing Clerk