Registration No	/
Scholar No. Allotted	1

HINDUPAT PUBLIC SCHOOL- RAGHOGARH Admission Form

STUDENT DETAILS												
Name in full: (in capital letters)										Pass		
Date of Birth: (Parents should attach a xerox copy of the birth Certificate of the child)										of the	togra e stud	
Gender	М	F										
Admission to Class:	NURSE	RY	KG I	KG II	1	2	3					
Present Address:												
Preferred address for Correspondence:												
Phone: Mobile: Email:									•			
PARENT'S DETAILS Father's Name:												
Designation:												
Employment Type:												
Annual Gross Income:												
Mother's Name:												
Designation:												
Employment Type:												

Annual Gross Income:								
OTHER DETAILS								
Category:	GEN	ST S	SC OE	BC				
Nationality								
MEDICAL DETAILS								
Immunisation:	POLIO	BCG	DPT	HEPATITIS 'B'	MEASLES	MMR		
Pre-Existing Illness(es) (If Any): Blood Group: Allergies (If Any):								
PREVIOUS SCHOOL D	ETAIL!	S						
Name of the School & City:								
Board, Class & Year:								
Result:								
I declare that the particulars sof the institution, like attenda the school in ensuring that my	nce, pay	yment	of fees	in time and of	ther matters	s. I sha	Il also cod	perate with
Place: Date:								
				SIGNA	ATURE O	F PAR	ENT/GU	JARDIAN
To be filled in by se	chool of	ffice at	the tir	ne of registra	tion for sch	ool's r	ecord on	 ly.
Registration No								
1. Registered for Class								
2. Received Registration Fe	ee vide	Receip	ot No_		Date	e		
3. The Academic Counselli	ng/Pres	sentati	on date	e is				

PRINCIPAL ACCOUNTANT