



# SHRI BHARAT MANDIR PUBLIC SCHOOL

Jhanda Chowk, Rishikesh Ph: 0135-2433554

Affiliated to CBSE, New Delhi

Photo

## ADMISSION FORM

Office Use Only	
S.R. No. _____	
Date of Admission : _____	
Admission with class _____	Sec _____ Year _____

Student's Name (In Capital Letters) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student's Name in Hindi \_\_\_\_\_

Father's Name \_\_\_\_\_ Profession : \_\_\_\_\_

Mother's Name \_\_\_\_\_ Profession : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Religion \_\_\_\_\_ Nationality \_\_\_\_\_ Monthly Income \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Last School Attended by the pupil \_\_\_\_\_

Date of leaving the last school \_\_\_\_\_

Class in which last studying \_\_\_\_\_

Name & Class of Brother/Sister already studying in this school \_\_\_\_\_

Whethere belonging to SC, ST, OBC, Category. If yes, please attach a copy \_\_\_\_\_

School Bus and Auto facility to be required or not : \_\_\_\_\_

(as per School Rules)

I declare that I have read the school prospectus and agree to abide by the rules and regulations of the school as amended from time to time

Father's Signature

Mother's Signature

Guardian's Signature

Admission Granted/Not Granted

Principal Signature

To Class \_\_\_\_\_ Sec. \_\_\_\_\_

Date : \_\_\_\_\_