

Affiliation No. 3530135

School No. 57010

SHRI BHARAT MANDIR PUBLIC SCHOOL



Jhanda Chowk, Rishikesh
Distt. Dehradun-249201 (Uttarakhand)

Affiliated to CBSE, New Delhi
Ph: 0135-2433554 e-mail: sbmpschoo@gmail.com

Photo

APPLICATION FOR REGISTRATION

SESSION 201.....201.....

REGISTRATION NO. : _____ ADMISSION NO. : _____

Student Name (In Capital Letters) _____

Student Name in Hindi _____

D.O.B. : _____ (in words) _____

Age as on 1st April _____ Years _____ Months _____ Days _____

Class in which admission is sought _____ Sex : Male / Female _____

Do you belong to SC/ST/OBC : Yes/No (If yes, Please attach certificate)

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Residential Address _____

Phone No. (R) _____ (O) _____ Mobile No. _____

Name of Previous School _____

Class in which he/she was studying in last school _____

Particulars of all real brother/sister stuying in SBM PUBLIC SCHOOL, RISHIKESH

Name of Child _____ Class/Section _____ Admission No. _____

I hereby certify that the date of birth & spelling of name of child/ward given in this form are correct to the best of my knowledge and I shall not make request for change.

I hereby certify that my child/ward shall follow all the rules, regulation & procedures laid down by the school from time to time.

I authorise the school to any emergency medical treatment deemed advisable by licensed Physician if I cannot be reached. I will be responsible for the Medical bills incurred.

I shall not hold school responsible for any untoward incident mishap occured in school or during field trips/ outing.

Signature of Parent/Guardian _____

Name _____ Date _____ Address _____