



ARAVALI PUBLIC SCHOOL



Affiliated to Central Board of Secondary Education, New Delhi

Affiliation No. 1730284 School Code 16121

SP - I RIICO, Ind. Area, NEEM KA THANA

Ph. 01574-232709, Mob. 09887498206

For office use

Receipt No.

Date

Am't. Rs. Cashier

ADMISSION FORM

Colour
Photograph

Session 20.....

S.R. No. **3655**

Date.....

Name of Student (In Block Letters).....

Class in which admission is sought

Subjects (For Class XI & XII) 1. 2. 3. 4. 5.

Father's Name Mr.

Qualification Profession

Mother's Name Mrs.

Qualification Profession

Annual Income (In Figures) (in Words)

Date of Birth (In figures) (In words).....

Category.....

Address.....

E-mail Mob./Ph. No.

Details of Last Qualifying Examination

Class..... Year Name of School

Obtained Marks..... Total Marks..... Percent..... Division

Co-Curricular Activities

(a) Games..... (b) Cultural

Any Medical Problem / Disease

Interests & Hobbies

Any other related Student in the Institute

Relationship Class Department

Parents Declaration

We hereby.....certify That all the informations/details furnished above are correct to the best of my knowledge and belief and will be responsible for the conduct and behaviour of my ward. If failed to do so admission of my ward can be cancelled.

Parents Signature

Master/Miss.....is Admitted in Class.....

Principal