Bal Bharati PUBLIC SCHOOL Form No.			
An Institution of the Child Education Society (Regd.) Delhi			
NTPC-NSTPS NABINAGAR, AURANGABAD, BIHAR-824303			
Phone : 7632879190 / 9572666449			
E-mail : bbpsnn@balbharati.org Website : bbpsnabinagar.balbharati.org			
APPLICATION FORM			
FOR ADMISSION TO Class			
Session			
Please note :			
 Eligibility conditions and criteria of admission have to be met. These are indicated on school website and on the school notice board. Incomplete or incorrect application is liable to be rejected. 			
 All entries must be written in block letters in English. 			
Leave one square blank between words.			
- In case space for any information is inadequate use abbreviations. Affix recent			
1. Name of the Student passport size photo of chlid			
Surname / Last Name First Name			
2. Date of Birth			
(in words)			
Day Month Year			
3. Aadhaar No.			
Student APAAR ID-			
4. Category Gen SC ST OBC EWS Disabled			
5. Sex : Male (M) Female (F)			
6. MotherTongue			
7. Name of the school where child is studying at present			
8. Studying in above school sinceClass			
,			

FATHER		MOTHER		
9. Name				
9.1 Age		Age		
9.2 Profession/Occupation		Profession/Occupation		
SERVICE		SERVICE		
Pvt. Govt. Gaz	etted	Pvt. Govt. Gazetted		
Yes	No			
DESIGNATION		DESIGNATION		
Name of Organisation/Deptt.		Name of Organisation/Deptt.		
Business (Type & Position)		Business (Type & Position)		
		SELF EMPLOYED (Nature)		
SELF EMPLOYED (Nature)				
9.3 Nationality		Nationality		
10.1 Residential address (Do not repe	at name)			
Line 1.				
Line 2.		Pin Pin		
Telephone				
10.2 Official address (Do not repeat name)				
Father's				
Line 1.				
Line 2		Pin Pin		
Telephone Telephone				
E-mail ID (Father)				
Mother's				
Line 1.				
Line 2.		Pin Pin		
E-mail ID (Mother)				

11. Telephone Numbers (Residence only)				
12. Distance from residence to school Km				
13. Particulars of real brothers/sisters (not cousins) studying in Bal Bharati Public School				
S. No. Name Class Sec. Admn. No. Name of Teacher				
2.				
13.1 Do you own a house or are you in a rented accommodation?				
13.2 If rented, since when				
13.3 How long do you intend to stay in the present house?				
14. Do you live in a joint family? If yes, tick box or mention number as appropriate?				
Grandmother Grandfather Uncle(s) Aunt(s) Cousin(s)				
15. In case both parents are working, who looks after the child at home till the mother or father comes back?				
Servant Other Family Members Creche				
16. Does your child suffer from any physical disability or deficiency? Yes No				
If yes, please give details along with medical certificate.				
17. Name illness(es) or disease(s), if any, for which he/she requires prolonged treatment				

UNDERTAKING			
	l,	father/mother/guardian	
	ofhereby decla		
	me is correct. I am aware that the admission of my child is liable t is found to be false.	to be cancelled if any such information	
	Date :	Signature	
	FOLLOWING DOCUMENTS ARE TO BE ENCLOSED :		
	PHOTOCOPY OF		
	1. Municipal Birth Certificate of the Child.		
	 Proof of residence e.g. Ration Card, Electricity Bill, Passperof these in the name of child's parent). Result of previous class. 	ort, Voter ID, House Tax Receipt (any	
18.	Please register my son/daughter/ward	for admission to	
	class in your school, I shall produce the	he requisite original documents at	
Date	the time of admission.	Signature	
Adr	For Official use only mitted to Class Section	Principal	
Fee	e Deposit Receipt No.		
Day	Month Year Month	Accounts Clerk	
Adr	mission No.		
Dea	aling Assistant	(Countersigned) Administrative Officer	