BHIN REGISTR	JBLIC SCHOOL MAVARAM RATION FORM Session : 2020-21	
Admission to Class	Registration No	
1.Child's Name (Block Letters)		Passport size photograph of
2. Gender (please tick) : Male 🗆	Female 🗆	the child
3. Date of Birth		
(In words)		
4. Age as on 31 st March 2020 years	months days	
5. Religion		
6. Nationality of the child		
8. Father's Name (Block Letters)		
Academic Qualifications		Passport size photograph of
Occupation & Designation Fath		
Name & Address of the Organization where employ	/ed	
Office Tel. No. (s)	Mobile No	
E-mail		
8. Mother's Name (Block Letters)		
Academic Qualifications		Passport size photograph of
Occupation & Designation		Mother
Name & Address of the Organization where employ	/ed	
Office Tel. No. (s)	Mobile No	
E-mail		

9. Distance from the school (Km):	
10. Previous class and school of the child (if ar	ny)
11. Child with special needs/ previous illness:	Yes 🗆 No 🗆
If yes, give details	
	r of two responsible persons known to Parents/guardian:
(a) Name	(a) Name
Address	Address

CERTIFICATE FROM THE PARENT

I/We hereby certify that the above information provided by me/us is correct and I/We understand that if the information is found to be incorrect or false my ward shall be automatically debarred from selection/admission process without any correspondence in this regard.

I/We also understand that the application/registration/short listing does not guarantee admission to my ward. I/We accept the process of admission undertaken by the school and I/we will abide by the decision taken by the school authorities.

Father	Name	Signature
Mother		
Date :	Place :	

Documents required for Admission :

- Attested photocopy of Birth Certificate (Original to be produced at the time of admission) for Classes Nursery to I only)
- Four passport size photographs of the Child
- Two passport size photographs of the Parents.
- Photocopy of Aadhar Card of Parents
- Last attended and School leaving certificate (Original).
- Photocopy of the statement of marks the exam last attended.
- Medical fitness certificate from a Registered Medical Practitioner

INVALID/INCOMPLETE FORMS WILL BE REJECTED