



PARAMHANS VIDYAPEETH

(An Institute of Academic Excellence with moral development)
Vill-Bhataha (Dharkundi) PO. Shukwah Distt. Satna (M.P.)

Reg. No.:

Adm. No.:

Date :

Sr. No.:

APPLICATION FORM FOR REGISTRATION/ADMISSION

Please admit/register my son/daughter/ward in class _____ of your school for the year 20 ____ to 20 ____

Name (In Block Letters) :

Date of Birth : Place of Birth: Mother Tongue:

Religion: ST/SC/OBC/Gen Whether member of Scheduled Caste or Tribe (If yes, Attach proof) SSSM ID No. : (Samagra ID)

Aadhar No. : Bank Name : A/c No. :

Details of Father:
Name : _____ Age: _____
Date of Birth: _____ Qualification: _____
Occupation : _____ Designation : _____
Approx. Annual Income Rs. _____
Complete Address of Place of work: _____
Phone/Mob. : _____

Details of Mother:
Name : _____ Age: _____
Date of Birth: _____ Qualification: _____
Occupation : _____ Designation : _____
Approx. Annual Income Rs. _____
Complete Address of Place of work: _____
Phone/Mob. : _____

Residential Address : _____

Last School Attended _____
Class : _____ Percentage of Marks/Grade _____

Details of Child's Brothers & Sisters

	Name	Age	Education Including name of Present School
1			
2			
3			

I Certify that the above Particulars given by me are true and I agree to abide by the rules of the school

Date :

Parent/Guardian

FOR OFFICE USE ONLY

Admitted in class _____ Div. _____ on _____ Principal