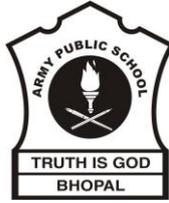


ARMY PUBLIC SCHOOL, BHOPAL



For Office Use

Class:

Date:

Sub:

.....

.....

REGISTRATION FORM FOR ADMISSION

1. Name of the Child _____ Sex _____
2. Date of Birth (in figures) _____ (in words) _____
3. Place of Birth _____
4. Class and School Previously Attended _____
5. Class to which Admission is sought _____
6. Name of: -
(a) Father _____ Occupation _____
(b) Mother _____ Occupation _____
7. Place of Posting of Father/Mother and Unit _____
8. Other Details: -
(a) Official Address of the Father/Guardian _____
(b) Mobile Nos. _____
(c) E-mail ID _____
9. Residential Address of the Father/Guardian (if father is deceased) _____

10. Annual Income _____

Date: _____

Signature of Father/Guardian

Acknowledge Receipt

Name _____

Class: _____

Date of Proficiency Test _____

Exam timing _____

Subject to be tested (1) _____ (2) _____ (3) _____

(4) _____ (5) _____

Signature of office