

Indraprastha Public School

Karhera Mohan Nagar, Ghaziabad, Uttar Pradesh 201007 Mob.: 9350388284, 9015151623

Email:ips8.school@gmail.com

(Affillated to CBSE, New Delhi Affiliation No. 2131782)

Photograph of the student		Photograph of the father	r	Photograph of the mother	
INFORMATION ABO					
Name of the student (In b		Middle Name	Last Name		
Date Of Birth		Aadhar No.	Gender		
Admission- Old	New				
(a) Age as an 1st April of the Academic Year: Day Month year					
(a) Age as all 1st April of the	(Day)	(Month)	(Year)		
(PHOTOCOPY OF BIRTH CERTIFICATE OF M.C.D/T.C. TO BE ENCLOSED) Father's Name					
Mother's Name					
Sibling Status(if					
Present Address					
Nationality		Religion			
Category-Gen.	OBC SC/S	ST	Caste Category		
Contact No.	OBC SC/ST Caste Category Landline with area				
E mail ID					
Correspondence address					
	B				
PREVIOUS ACADEMIC RECORD Name of the last attended school with					
Class/Grade		Class Ma	rks Obtained		

OTHER DETAILS

Father's educational qualification	
Father's occupation	Aadhar No
Mother's educational qualification	
	Aadhar No
	FOR TRANSPORT REQUIREMENT
Name of the	
Residential address	
Contact No.	-
(Please keep the school informed of the changes in the	address and contact Numbers)
From where you go to know about our school	?
By word of month	Through Newspaper
Our website	Any other source
Why did you choose our School?	
•	
DECLARA	TION OF THE FATHER/MOTHER/GUARDIAN
	e registration from by me is accurate and complete. I understand and agree that mis denial and cancellation of admission or expulsion. I have read and hereby agree to the tration form
Signature of the Father/Mother/Guardian	
Date://	
ote: Colored Photo-3, Aadhar Card Photocopy-2,	Marksheet Photocopy-2, Transfer Certificate- Original.
*	
application received for	
	FOR OFFICE USE ONLY
Application No.	
Name of the student	
application received for	class.
Date	Signature