

## **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)

	7					
Photograph of the student		Photograph of the	e father		Photograph of the mother	
INFORMATION ABOU						
Name of the student (In b						
First Name	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						
	(Day)	(Month)		(Year)		
(PHOTOCOPY OF BIRTH CERTIFICATE OF M.C.D/T.C. TO BE ENCLOSED)  Father's Name						
Mother's Name						
Present Address						
Nationality		Re	eligion			
Category-Gen.	OBC SC/S	ST	Caste Cate	egory		
Contact No.		La	andline with area			
E-mail ID						
Correspondence address						
PREVIOUS ACADEMIC RECORD						
Name of the last attended	school with					
Class/Grade		CI	ass Marks Obtained			

## OTHER DETAILS

Father's educational qualification	
Father's occupation	Aadhar No
Mother's educational qualification	
Mother's occupation	Aadhar No
E	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?	
•	
	TION OF THE FATHER/MOTHER/GUARDIAN
	registration from by me is accurate and complete. I understand and agree that mis enial and cancellation of admission or expulsion. I have read and hereby agree to the ation form
Signature of the Father/Mother/Guardian	
Date:/	
Note: Colored Photo-3, Aadhar Card Photocopy-2, Ma	arksheet Photocopy-2, Transfer Certificate- Original.
*	
application received for	
	FOR OFFICE USE ONLY
Application No.	
Name of the student	
application received for	class.
Data	Cianatura
Date	Signature