



ADINATH PUBLIC SCHOOL

Jain Nasiyan Road, Sanganeer, Jaipur-302029, Phone : 0141-2732090, 98283-21445
E-mail Address : schooladinath@gmail.com

Photograph

ADMISSION FORM

1. Name of the Pupil (Block letters).....
2. Place of Birth
3. Date of BirthMonthYear.....
(in words).....
4. Father's Name.....
Educational Qualification
5. Mother's Name.....
Educational Qualification
6. Whether belonging to Schedule Caste or Scheduled Tribe or OBC
7. Address and Tel. No. (Office)
- (Residence)
8. Name of Local Guardian
- Address :
- Tel. No.
9. a) School Last attended
- b) School Last attended was resognised by : State Govt./ Central Board/ Others
10. Class to which admission sought
11. Proof of Date of Birth, Caste, Address, Annual Income Certificate, BPL List, Physically challenged certificated duly attested by Govt. Hospital / Municipal Corporation / Transfer Certificate of School.

(Signature of the parent/guardian)

Admission to ClassSection

PRINCIPAL

(To be filled by the A/c's Deptt.)

Fee Received Rs. Vide Receipt No. Dated.....

Caution Money Deposit Rs. Vide Receipt No. Dated.....

Cashier

Accountant



(To be Filled by the School Office)

ADINATH PUBLIC SCHOOL

Jain Nasiyan Road, Sanganeer, Jaipur-302029, Phone : 0141-2732090, 98283-21445
E-mail Address : schooladinath@gmail.com

Parent's Copy

Name..... Class..... Section..... Adm, No.....

Father's Name

Date of Birth

PRINCIPAL