

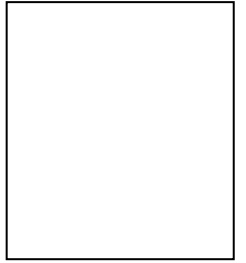


# ADINATH PUBLIC SCHOOL

Veerodaya Nagar, Jain Nasiyan Road, Sanganer, Jaipur – 302 029

Phone : 9116636546, 98283-21445.

E-mail Address : [schooladinath@gmail.com](mailto:schooladinath@gmail.com)



## REGISTRATION FORM

Please register the name of my son/daughter/ward for admission in the school.

1. Name of the Pupil ..... Sex : .....  
(in Block Letters)
2. Date of Birth (in fig.) Date ..... Month ..... Year .....  
(in Words) .....
3. Place of Birth ..... Mother Tongue .....
4. Nationality .....
5. Whether belonging to Scheduled Caste of Scheduled Tribe or OBC (If yes, please attach certificate) .....
6. Admission sought to class .....
7. Name of the school last attended .....
8. Class last attended ..... Medium of Instruction .....
9. Father's / Guardian's Name .....
10. Academic Qualification .....
11. Occupation/ Designation .....
12. Annual Income .....
13. Office Address .....  
Phone No ..... Mobile No. ....
14. Mother's Name .....
15. Academic Qualification .....
16. Designation and Office Address (if employed) .....  
..... Phone No. .... Mobile No. ....
17. Annual Income .....
18. Residential Address .....  
..... Phone No. ....
19. Name and class of brothers/ sisters in this school .....
20. Proof of date of birth (Attested Copy of Certificate from Municipal Corporation/Govt. Hospital) .....
21. The Registration Fee of Rs. .... is paid herewith. I understand fully that the school on accepting this fee and on registering the name, is not in any way bound to provide a seat in the school. Admission will be given only when the student is found fit for admission to the school and a seat is available. I agree to abide by the Rule and Regulations of the school, pay the fees in advance, settle all accounts promptly.

**Date :**

**Signature of the Parent/Guardian**

(TO BE FILLED BY THE OFFICE)

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- No.** ..... **Regn. No.** .....
- (1) Student's Name .....
- (2) Class .....
- Called for Lottery/ Interview / Test on ..... at .....

**NOTE : Please bring the slip for Interview / Test.**