

GURU GOBIND SINGH PUBLIC SCHOOL

Vill. Nainowal Vaid, Distt. - Hoshiarpur, Ph.: 01882-266557, 266558
Mob.: 6283564268, Website: www.ggpshoshiarpur.in.org
BASED ON CBSE CURRICULUM

(AN ENGLISH MEDIUM INSTITUTION RUN BY GGES SOCIETY)

APPLICATION FOR REGISTRATION/ADMISSION

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Regd. No. Date Admn. No. Date Date of Joining	Father's Photograph	Mother's Photograph	Candidate's Photograph
Name of the Pupil (In Block Letters):			
Date of Birth : In Words Documentary evider	Sex : Male Blood Group	Female inicipal/competent authority	
Aadhaar No. of the Candidate:			
Bank Details: Name of the Bank		A/C No.	
IFSC Code		Branch	
3. Father's Name:			
(In Block Letters)			
Qualification:			
Occupation:	Yearly Incom	ne (Rs.)	
	Govt. of Punjab A	ny Other	
Any Other Office			
4. Mother's Name:			
(In Block Letters)			
Qualification:			
Occupation:	Yearly Incom	ne (Rs.)	
5. Address: (a) Present Postal Address:			
Father's Phone No. : (b) Permanent Postal Address:		lother's Phone No.	
E-mail I.D.:			
6. Class to which admission is sough:			

Non- to	
7. Name of the School: Name of Board:	
last attended Class/Std. Medium of Instructions	
8. Subject Combination Opted: (SI. No. 8 to 10 for Std. X applicant only)	
9. Marks/Grade obtained in AISSE/ CBSE/ JBSE/BSEB or any other state board examination: 9. Marks/Grade obtained in AISSE/ CBSE/ JBSE/BSEB or any other state board examination:	
Subject Marks Subject Marks	
(a) English d) Social Science (g) Overall %age =	
(in Std. X examination)	
(b) Science (e) Second Language	
(c) Mathematics (f) Optional Subject (h) CGPA =	
10. Co-curricular activities participated in:	
(a) Level (b) Position	
11. Sports Participation (a) Level (b) Position	
12. Has the candidate appeared for the admission test previously: Yes/No. if yes, year for Class	
13. Mother Tongue of Child: Nationality	
14. Religion Caste	
(Candidates belonging to SC/ST/OBC/GEN/BPL/Handicap may please mention so & support by	
documentary evidence SC ST OBC GEN BPL	
15. Name(s) of own brother/sister studying in this school:	
(a) Name Class	
(b) Name Class	
16. If staying with guardian, indicate	
Guardian's Name: Relation:	
Postal Address: Contact No.:	
17. Transport required: Yes/No.	
Signature of Office Clerk/ Counsellor Signature of Parent/Gua	rdian
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HEALTH INFORMATION

- 1. Does the child have any special learning needs?
- 2. Does your child suffer from any chronic disease/illness?

DOCUMENTATION

The following documents must accompany the application

- . Attested Copy of the Child's Birth Certificate.
- . Parent's Residence Proof.
- · 4 Passport Size Photographs of the Child.
- Aadhaar Card Copy of Child.
- TC Class 2nd Upwards

DECLARATION

- 1. Lunderstand that the application fee is non-refundable and application does not guarantee admission.
- 2. I am the bonafide guardian of the child.
- I understand that if I decided to cancel this enrolment before the commencement of classes, at least one
 month's notice has to be given in writing.
- 4. The school reserves the right to amend any clause without my prior notice.
- 5. Lunderstand that incomplete application forms will not be considered.
- 6. I declare that the name and Date of Birth given above is correct and I shall not apply for any correction in future.
- 7. In case my ward is admitted in the school, I undertake to abide by the rules and regulations of the school, including making timely payment of school fees every month.
- 8. In case of any change in the address and phone no., the school should be informed by us in writing.
- 9. I hereby certify that the above information is correct. I fully understand that any information found false will lead to the disqualification of my ward's admission at any point of time.

ather's Signature	Mother's Signature	Date
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