



SAINIK PUBLIC SCHOOL

Ph.: 9467005638
9467005604

SECTOR - 9, BYPASS ROAD, BAHADURGARH

(AFFILIATED TO CBSE, NEW DELHI)

Admission No.

124

Dated.....

APPLICATION FOR ADMISSION

The Principal.

SAINIK PUBLIC SCHOOL
BAHADURGARH

Dear Sir,

I request for the admission of my son/daughter/ward/to
standard of your school. I have read the rules and regulations of the school and I agree to abide by them.

The required particulars are given below

1. Student's Name (in block letters).....
2. Father's/Guardian's Name Mother's Name.....
3. Father's/Guardian's Occupation.....
4. Monthly Income.....
5. Father's Qualification
6. Mother's Qualification.....
7. Date of Birth (Pl. Attach Birth Certificate)
8. Caste.....
9. Name and Class of Brother/Sister studying in this school if any.....
10. Residential address..... Phone No. if Any
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11. Office address..... Phone No. if Any
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12. Name of the school attended last (if any)
13. Whether school transport is required

Yours Faithfully

.....
Father/Guardian

For office Use only

1. Class in which admitted
2. Class Incharge Cashier.....
3. Remarks Principal.....