

## PRIYANSHI SCHOLARS PUBLIC SCHOOL (DISE CODE: 23030316471, BOARD: MPBSE) Address: Ward no. 10 old bus stand Mehgaon Bhind, Phone: 9907408864, Email: pspschool7@gmail.com

| ADM | ISSIC | )N F | ·ORI | И |
|-----|-------|------|------|---|
|-----|-------|------|------|---|

| * FOR OFFICIAL USE ONLY ADMISSION SESSION:  | ADMISISON C          | LASS: MEDIUM:          |                        | ADM ID:                     | REG. ID:                      |  |  |  |  |
|---|----------------------|------------------------|------------------------|-----------------------------|-------------------------------|--|--|--|--|
| PERSONAL DETAILS  |                      |                        |                        |                             |                               |  |  |  |  |
| NAME:   |                      | DATE OF BIRTH:         |                        |                             |                               |  |  |  |  |
|   | NAIVIE:              |                        |                        |                             |                               |  |  |  |  |
| FATHER'S NAME:  |                      | MOTHER'S NAME:         |                        |                             |                               |  |  |  |  |
|   |                      | E4.7115010 0001104.716 | •••                    |                             |                               |  |  |  |  |
| FATHER'S EDUCATION:   |                      | FATHER'S OCCUPATIO     | JN:                    |                             |                               |  |  |  |  |
| MOTHER'S EDUCATION:   | MOTHER'S OCCUPATION: |                        |                        |                             |                               |  |  |  |  |
|   |                      |                        |                        |                             |                               |  |  |  |  |
| GENDER: MALE / FEMALE   | BLOOD GROUP:         |                        |                        |                             |                               |  |  |  |  |
| CATEGORY: GEN / OBC / SC / ST   | RELIGION: CASTE:     |                        |                        |                             |                               |  |  |  |  |
|   |                      |                        |                        |                             |                               |  |  |  |  |
| ADMISSION DETAILS   |                      |                        |                        |                             |                               |  |  |  |  |
| CLASS:  | MEDIU                | и:                     | STREAM                 | :                           |                               |  |  |  |  |
|   | CLASS. INCESSION     |                        |                        |                             |                               |  |  |  |  |
| RTE: REGIST   |                      | RATION NO:             | VERIFICA               | VERIFICATION NO:            |                               |  |  |  |  |
|   |                      |                        |                        |                             |                               |  |  |  |  |
|   |                      | PREVIOUS SCHO          | OL DETAILS             |                             |                               |  |  |  |  |
| CLASS: SCHOO  |                      | HOOL NAME:             |                        | TC NUMBER:                  |                               |  |  |  |  |
|   |                      |                        |                        |                             |                               |  |  |  |  |
|   |                      | CONTACT D              | ETAILS                 |                             |                               |  |  |  |  |
| ADDRESS:  |                      |                        |                        |                             |                               |  |  |  |  |
|   |                      |                        |                        |                             |                               |  |  |  |  |
| CITY:   | STATE:               |                        | PIN                    | ICODE:                      |                               |  |  |  |  |
| MOB NO: ALT. MO   |                      | OB NO:                 | EM                     | AIL:                        |                               |  |  |  |  |
|   |                      |                        |                        |                             |                               |  |  |  |  |
|   |                      | LIST OF ENCLOSED       | DOCUMENTS              |                             |                               |  |  |  |  |
| 1) DATE OF BIRTH CERTIFICATE  | : [ ] ORIGNA         | AL / [ ] PHOTOCO       | PY                     |                             |                               |  |  |  |  |
|   |                      | AL / [ ] PHOTOCO       |                        |                             |                               |  |  |  |  |
| ·   |                      | AL / [ ] PHOTOCO       |                        |                             |                               |  |  |  |  |
| 4) INCOME CERTIFICATE   | : [ ] ORIGNA         | AL / [ ] PHOTOCO       | PY                     |                             |                               |  |  |  |  |
| 5) AADHAAR  | : [ ] ORIGNA         | AL / [ ] PHOTOCO       | PY                     |                             |                               |  |  |  |  |
| 6) TC:  | : [ ] ORIGNA         | AL / [ ] PHOTOCO       | PY                     |                             |                               |  |  |  |  |
| 7) MARKSHEET  | : [ ] ORIGNA         | AL / [ ] PHOTOCO       | PY                     |                             |                               |  |  |  |  |
| 8)  |                      | AL / [ ] PHOTOCO       |                        |                             |                               |  |  |  |  |
|   |                      | AL / [ ] PHOTOCO       |                        |                             |                               |  |  |  |  |
| ,   |                      | • •                    |                        |                             |                               |  |  |  |  |
| DECLARATION   |                      |                        |                        |                             |                               |  |  |  |  |
|   |                      |                        |                        |                             |                               |  |  |  |  |
| I Father / Mothe  | r / Gardian of       |                        | hereby declare that th | e information given above I | by me is true to my knowledge |  |  |  |  |
| and belief and I am fully aware of the rules and regulation of the school. If anything is found to be incorrect or the rules and regulation are not followed, my ward is liable |                      |                        |                        |                             |                               |  |  |  |  |
| to be restriction from the institution.   |                      |                        |                        |                             |                               |  |  |  |  |
|   |                      |                        |                        |                             |                               |  |  |  |  |
| DATE:   |                      |                        |                        |                             | Parent's Signature            |  |  |  |  |
| REMARK:   |                      |                        |                        |                             |                               |  |  |  |  |
|   |                      |                        |                        |                             |                               |  |  |  |  |
| DATE:   |                      |                        |                        |                             | Principal's Signature         |  |  |  |  |