

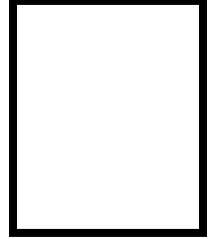


SHREE DADIJI MANDIR TRUST
PRABHAVATI PUBLIC SCHOOL
An Academy of Shree Dadiji Mandir Trust ,Titilagarh
Govt. Recognised (Affiliated to CBSE,Delhi)Vide Code No.1530057
[A Co-Educational Senior Secondary English Medium School]
At-Pipalpadar, Titilagarh-767033, Dist. Bolangir (Odisha)
Ph.-06655 220740, Mob-8895886804

REGISTRATION FORM

Registration No. _____

(To be quoted in further correspondence)



- Name of the Pupil: _____
(in Block Letters) First Name Middle Name Sur-Name
- Aadhar No. : _____ Mobile No. : _____ E-Mail : _____
- Date of Birth (in Figures): _____
(in Words) : _____

(To be supported by Certificate / Affidavit)

- Nationality: _____
- Category : SC/ST/OBC/GEN _____
- Father's Name: _____
- Aadhar No. : _____ Mobile No. : _____ E-Mail : _____
- Mother's Name: _____
- Aadhar No. : _____ Mobile No. : _____ E-Mail : _____
- Educational Qualification of Father and Mother : _____
- Designation/Occupation of Father _____ Mother: _____
- Present Postal Address: _____
- Permanent Postal Address: _____
- Guardian's Address and Telephone Number if any : _____
- Aadhar No. : _____
- Monthly Income of the Parent's : _____
- Class in which the Pupil studied last : _____
- School in which the pupil studied last : _____
- No. of the T.C obtained : _____
- Percentage of Marks Secured in the last examination : _____
- Whether promoted to next higher class or not ? _____
- Emergency Contact No.: _____

The particulars given above are true to the best of my knowledge and belief.
I assure you to adhere to school rules if my ward is admitted.

- Day Scholar Hosteller
- **Transport** : Bus / Winger Bus Stop: _____
- **Optional Subjects** : (Put \checkmark any one)
 - I. Odissi/ Instrument : 1) Odissi 2) Tabla 3) Violin 4) Flute
 - II. Sports : 1) Football 2) V.Ball 3) Kabadi 4) Khoko
 - 5) Athletic (Specify if any) : _____
 - 6) If any other mention : _____

Date : _____

Signature of the Parent/Guardian

GENERAL HEALTH

- A. Weight : _____ Height: _____
- B. Chest : _____ Eye Sight : _____
- C. Hearing Defects if any : _____ Blood Group : _____
- D. Any contagious disease suffered (if so mention the details) : _____
- E. Vaccinations / Injections given .
 - B.C.G Diphtheria
 - Polio Drops A.T.P
 - Measles & Rubella Small Pox
- F. If vaccinated, (Name the type of vaccine) : _____
- G. Dietary Habit : _____ Vegetarian / Non- Vegetarian
- H. Hosteller / Day Scholar / Day Boarding : _____
- I. Hobby : _____
- J. If physically challenged / Special educational needs : _____

Signature of the Parent

DECLARATION

- A. I _____ Father / Mother of
Sri/ Ku. _____ declare that the date of birth
of my son / daughter _____
in words _____
- B. I declare that will abide by the rules / regulations of the school.
- C. I agree to cancel the admission of my ward if fail to pay the fee dues on or before the
due date. The management can struck off the name of my ward from the roll without
further notice.
- D. I agree, the Principal to be the guardian of my ward, if he / she is a boarder and
approve of any decision taken by him, in case of necessity.
- E. I agree to bear the cost of the damages of Laboratory, Furniture and other equipments
of the school if damaged by my ward.

Signature of the Parent

FOR OFFICE USE ONLY

Performance in Admission Test _____

English _____

Writing _____

Mathematics _____

Reading _____

Signature of the Teacher

Office use only :

Admission No.:

Admit / U.C. :

Class : _____

(PRINCIPAL)