



# TAGORE PUBLIC SCHOOL

Owned, Managed and Run by The Ldh. Aggarwala Co-op. H/B Society Ltd.  
(Senior Secondary, Affiliated to C.B.S.E. New Delhi)  
AGGAR NAGAR, LUDHIANA.

Session : 201\_\_201\_\_

## FORM OF APPLICATION FOR ADMISSION

Photograph  
(Pupil)

Sr. No \_\_\_\_\_

- 1 Name of the Pupil \_\_\_\_\_ Sex \_\_\_\_\_
- 2 Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 3 Whether the candidate belongs to SC/ST \_\_\_\_\_
- 4 a Class to which Admission is sought : \_\_\_\_\_
- b School and class last attended (if any): \_\_\_\_\_
- c Medium of Instruction in the last school \_\_\_\_\_
- d Board from which last Examination is passed \_\_\_\_\_

5. MOTHER

FATHER

Name _____	Name _____
Age _____	Age _____
Qualification _____	Qualification _____
Occupation _____	Occupation _____
Designation _____	Designation _____
Office Address _____	Office Address _____
_____	_____

Photograph  
(Mother)

Photograph  
(Father)

7 Residential Address \_\_\_\_\_

8 Phone No. (R) \_\_\_\_\_ (O) \_\_\_\_\_ (M) \_\_\_\_\_

Emergency No. \_\_\_\_\_ E-mail \_\_\_\_\_

9 Details of sisters and brothers in chronological order including the applicant.

	Name	Age	M/F	School	Class/Sec.
a	_____	_____	_____	_____	_____
b	_____	_____	_____	_____	_____
c	_____	_____	_____	_____	_____
d	_____	_____	_____	_____	_____

This is to certify that the facts given in the application form are true. I understand that if any part of it is found to be false, the admission will be cancelled.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother/Father/Guardian

Please note the following:

This form must be accompanied by:

- a One copy of original municipal birth certificate/school leaving certificate.
- b Proof of Residence - A Photocopy of the Electoral Voters Card/Passport/Driving Licence/Telephone Bill.
- c Migration Certificate. if applicable
- d Detail marks list.
- e Character Certificate

**FOR OFFICE USE ONLY**

Registration No. \_\_\_\_\_ For \_\_\_\_\_

Admission No. \_\_\_\_\_ Date of Joining \_\_\_\_\_

Class to which admitted \_\_\_\_\_

Fee received at the time of admission \_\_\_\_\_

Vide Receipt No \_\_\_\_\_

Clerk's / Accountant's Signatures \_\_\_\_\_

Verified by \_\_\_\_\_

\_\_\_\_\_  
Signature of the Principal