



Phone : 0161-2553558  
0161-2552664

# 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.

## REGISTRATION FORM

No.....

1. Name of the Applicant
2. Date of Birth DD   MM   YYYY
3. Class in which admission is sought
4. School & Class last attended
5. Father's Name   
Father's Qualification   
Father's Occupation
6. Mother's Name   
Mother's Qualification   
Mother's Occupation
7. Residential Address
8. Phone : Resi.  Off.
9. Mobile :
10. Particulars of Brother/Sister already studying in this school. (Only Real brother and sister)

11. Name	Class & Section	Result
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 12. Medical History of the Applicant

1. Height  cms    2. Weight  kgs    3. Blood Group

Inoculation done against :-

Triple antigen     Polio     BCG     Cholera   
Typhoid     Measles

Has the child suffered from any session illness in the past? Yes  No

If yes, enclose medical history.

### DECLARATION

I/We hereby certify that the above information provided by me/us is correct and I/we understand that if the information is found to be incorrect or false, the ward shall be automatically barred from selection/admission process without any correspondence in this regard. I/We also understand that the application/registration/short listing does not guarantee admission to my ward and registration fee is non-refundable. I/we shall abide by the decision taken by the school authorities.

Date :

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father/Guardian