



AZAMGARH PUBLIC SCHOOL

Moral Education Comes Alive

Kotila Check post, Azamgarh Banaras Road, Distt. Azamgarh
 website: www.apsazamgarh.org Email: info@apsazamgarh.org

School Code : 55252
 Affiliation No. 2131741

Affix Passport Size Photo of Student

Affix Passport Size Photo of Mother

Affix Passport Size Photo of Father

Personal Details

Name of the Ward

Date of Birth DD/MM/YYYY Gender M F Religion

Category SC ST OBC Physically Challenged Y N Blood Group

School's Name (Previous)

Board

Class (Last Attended) Nationality

Residential Address (Complete Postal Address)

Parents Details

| | Father | Mother | Guardian |
|-------------------|----------------------|----------------------|----------------------|
| Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Qualification | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| University/Board | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Occupation | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Workplace Address | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Contact Number | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Sibling's Details

| (In APS if any) | Name | Class | Add. No. | Year of Enr. |
|--------------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

NAME AND ADDRESS OF TWO GUARDIAN WITH CONTACT NUMBERS

| | | |
|-----------------------------|----------------------|---------------------------------------|
| (1) Name : | <input type="text"/> | Affix Passport Size colour Photograph |
| Relation with the candidate | <input type="text"/> | |
| Address | <input type="text"/> | |
| Telephone | <input type="text"/> | |
| (2) Name : | <input type="text"/> | Affix Passport Size colour Photograph |
| Relation with the candidate | <input type="text"/> | |
| Address | <input type="text"/> | |
| Telephone | <input type="text"/> | |

HOSTEL FACILITY FOR BOYS ONLY

Hostel Facility Required (For Boys Only Class III to XII)

Yes. No.

Does the Child have any special needs (dyslexic only) Yes No if Yes, mention

School transport required Yes No

Please register my son/daughter/ward named above in your school. I shall produce the original document for verification whenever required.

Whether the child has any sort of allergy Yes No

Signature

UNDERTAKING/DECLARATION

.....father/mother/guardian of.....hereby declare that the information given above is correct to the best of my knowledge and belief. Admission of the Child may be cancelled, if any information is found, to be false/incorrect. I also understand that the use of the school transport is optional and can be availed on payment of the prescribed charge and subject to availability of a seat.

Date

Signature

GENERAL RULES & REGULATIONS

Parents and Guardians must read the school's rules and form carefully and ensure compliance.

DOCUMENTATION

-) To be submitted along with duly filled registration form.
 - (i) Birth Certificate from Municipal Corporation (in case of admission in PG/Nursery) and from school last attended for others.
 - (ii) Self attested photocopy of the Report Card of last class passed.
 - (iii) Self attested photocopy of the character certificate from last school attended.
-) To be submitted at the time of admission.
 - (I) Dully filled application form.
 - (ii) Transfer/Migration Certificate in original duly attested and countersigned by the competent authority such as BSA, DIOS or the Board to which the school is affiliated/Recognised.
 - (iii) Candidate's coloured photograph (04 in numbers)
 - (iv) Separate photograph of parents and guardian (one each)
 - (v) Medical fitness certificate from registered Medical officer.
 - (vi) Copy of aadhar Card of the student.

Signature

FOR OFFICE USE ONLY

Admission Status :

* Admission granted/denied in class _____ for the session 20____-20____ as day
Scholar/Boarder.

Principal

* Date of Retest 1. _____ 2. _____

* S.R. No. Allotted _____
(After Admission)

* Date of Admission _____

Admission Incharge

Accountant Assistant