

ADMISSION FORM

Form No:-.....

01822-271585



GURU NANAK PREM KARAMSAR PUBLIC SCHOOL AFFILIATED TO C.B.S.E., DELHI

Affiliation No. 1630142

School Code: 04683

Nadala-144624, Kapurthala (Punjab)

E-mail: gnpksnadala@yahoo.co.in

Website:-www.gnpkspublicschool.com

Office Use Only

Registration No: _____

Registration for _____

Admission to Class: _____

Session:- _____

PASSPORT SIZE
PHOTOGRAPH

CHILD INFORMAITON

1. Name of the Child (In full): _____

2. Date of Birth: _____ (in words) (Photostat of birth cerificate)

3. Adhar No:-

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4. Natinality: _____ Mother Tongue: _____

5. Name of father: _____

Qualification: _____ Occupatio: _____

6. Name of mother: _____

Qualification: _____ Occupatio: _____

7. Address of Parents/Guardian: _____

Phone No Residence: _____ Mobile No:

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8. Name of real brother/sister if already studing in the school.

a. Name: _____ Class:

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 Section:

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b. Name: _____ Class:

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 Section

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9. Any Special intersts in hobbies, games, music or other co-curricular activities. _____

10. State whether transport required? Yes/No: _____

11. Previous Schooling

S.No	Name of the School Place	Classes Studied	Period from to	School recognized or not	Medium of instruction

MEDICAL HISTORY

1. Height : cms 2. Weight: Kgs 3. Blood Group:

4. The Child has been innoculated against:-

a. Triple antigen b. Polio c. BCG d. Cholera e. Typhoid f. Measles

5. Does your child suffer from bed wetting? Yes/No:

6. Does your child have any identified allergies? Yes/No:

7. Please give history of nay serious illness of the child in the past, if any (enclose medical history sheet)

No: _____

DECLARATION

I agree to abide by the rules and regulations of Guru Nanak Prem Karmsar Public School Nadala. The Management reserves the right to add, delete or change any or all conditions/ information mentioned in the prospectus without any prior notice.

Date:

D	D	M	M	Y	Y

Signature of Parents/Guardian

FOR OFFICE USE ONLY

Registration No: _____ Receipt No: _____ Dated _____ for Rs. _____

Class: _____ Admission No: Date of Joining:

Class to which admitted: Hosue allotted:

Fee remitted

A) School Charges

Receipt No: _____ Amount _____ Date _____

Class Teacher

H/Clerk

Principal