



{An Institution of the Child Education Society (Regd)}

Sec - 1, IMT Manesar-120052

Ph - 9212808008 / E-Mail: bbps.mn@balbharati.org

Website: bbpsmn.balbharati.org

CBSE AFFILIATION NO. 530971

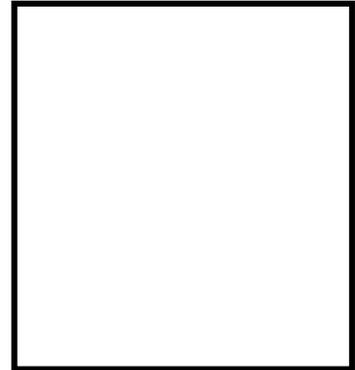
SCHOOL CODE – 40929

APPLICATION FORM

(For Admission to Class _____) (202__ - 202__)

Instructions:

- i) All entries must be filled in BLOCK LETTERS in English only.
- ii) Leave one square box between words.
- iii) In case, space for any information is inadequate, use abbreviations.
- iv) Do not leave any box empty as incomplete or incorrect application is liable to be rejected.



1 Name of the applicant

First Name

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Middle Name

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Surname/Last Name

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

2 Sex: Male (M)/Female (F)

M

F

3 Date of Birth

| | |
|--|--|
| | |
|--|--|

Day

| | |
|--|--|
| | |
|--|--|

Month

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Year

Date of Birth in Words

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

4 Age as on 31.03.20__

| | |
|--|--|
| | |
|--|--|

Years

| | |
|--|--|
| | |
|--|--|

Months

5 Applicant birth Country _____ State _____ District _____

6 Domicile of Haryana

Yes

No

7 First Born Child

Yes

No

If No, other child is studying in same school

Yes

No

If Yes then please fill the following details:

8 Name, Class and Admission No. of Brother/Sister (not cousins) of the child studying in this school

Name

Admin no.

Class/Sec

1

2

9 Blood Group

10 Aadhar No. of Applicant

11 Social Category of Applicant

SC

ST

OBC

GEN

EWS

12 Mother Tongue

13 Last school attended (Not applicable for Pre School)

Parental Information

14 Are you a single parent?

Yes

No

If yes tick as appropriate

Widow/widower

Divorced

Any other issue

Father's Particulars

Name

Age

Mother's Particulars

Name

Age

Nationality

| | | | | |
|----|----|-----|-----|-----|
| SC | ST | OBC | GEN | EWS |
| | | | | |

E-mail Address

Mobile No.

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Aadhar Card

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Pan Card

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Educational Qualification

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Profession/Occupation

Pvt. Govt. Self other

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Name of Organisation

Designation

Self

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Official Address (Do not repeat name & use abbr.)

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Pin

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Nationality

| | | | | |
|----|----|-----|-----|-----|
| SC | ST | OBC | GEN | EWS |
| | | | | |

E-mail Address

Mobile No.

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Aadhar Card

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Pan Card

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Educational Qualification

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Profession/Occupation

Pvt. Govt. Self other

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Name of Organisation

Designation

Self

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Official Address (Do not repeat name & use abbr.)

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Pin

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

22 Guardian (any two) who may be called in emergency and who are authorized to take the child from school
(Attach Photograph)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1 Name & Address | | 2 Name & Address | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guardian relation with applicant | | Guardian relation with applicant | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guardian Aadhar card | | Guardian Aadhar Card | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guardian Occupation | | Guardian Occupation | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guardian Contact No. | | Guardian Contact No. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |

List of supporting documents to be attached by the parents at the time of submitting the form:

- I. Birth Certificate of the applicant.
- II. Medical certificates of the applicant.
- III. Previous year Report Card (not applicable for PS).
- IV. Original and attested transfer certificate of a Recognised school(not applicable for PS).
- V. Applicant Aadhar Card.
- VI. Both Parent's Aadhar Card
- VII. Both Parent's PAN Card
- VIII. Proof of Residence.
- IX. Proof of sibling (Attested copy of the I-card and Report Card of Sibling).
- X. Medical Fitness Certificate showing the blood group and outlining the immunisation shots given to the applicant.
- XI. Relevant authentic certificate (SC/ST/OBC/EWS)
- XII. Passport size photographs of applicant (5 copies) and parents (3 copies) each.

DECLARATION

- 1 I agree to abide by the Rules & Regulations of the School.
- 2 I understand that the information given above if found incorrect at any stage, subsequently would automatically lead to cancellation of Admission.

Signature of the Parent/Guardian

For Official use only

Admitted to Class

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Section

| |
|--|
| |
|--|

Fee deposit Receipt No.

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Date of Admission

| | |
|--|--|
| | |
|--|--|

Day

| | |
|--|--|
| | |
|--|--|

Month

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Year

Admission No.

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Student ID

| |
|--|
| |
|--|

Office Assistant

Principal's Signature