



NAVAPRAJNA PUBLIC SCHOOL

Affiliated to CBSE, New Delhi (No. 830431)

Nava Jeevana Nilaya Complex

Airport-Whitefield Road, Marathahalli Post, Bengaluru - 560 037

Ph. : 080-28524406 Mobile : 8197677136

E-mail : nppsblr2006@gmail.com Website : www.npps.edu.in

APPLICATION FORM FOR ADMISSION

To :

The Principal

NAVAPRAJNA PUBLIC SCHOOL

Nava Jeevana Nilaya Complex

Airport - Whitefield Road, Marathahalli Post, Bangalore-37

Application No. **312**

1. Name of the pupil in full (Block Letters) _____
2. Sex _____ a) Date of Birth (in figures) _____
Date of Birth (in words) _____
Blood Group _____
3. Place of Birth _____ Town _____
Taluk _____ District _____
4. a) Father's Name _____ Living / Not Living
b) Mother's Name _____ Living / Not Living
5. a) Father's Occupation _____ Qualification _____
b) Mother's Occupation _____ Qualification _____
c) Parent's Annual Income _____
6. Aadhar Card No. A) Parents _____ B) Student _____
7. Guardian's Name and Address _____
Telephone No. _____
8. Nationality _____ Religion _____ Caste _____
9. If Scheduled Caste or Tribe _____ (Furnish Xerox Copy of Certificate)
10. Mother Tongue _____
11. Any other language spoken _____
12. Number of Brothers _____ Elder Brothers _____ Younger Brothers _____
Number of Sisters _____ Elder Sisters _____ Younger Sisters _____
13. Permanent Address of the Parents _____
Telephone No. _____
14. Present Address of the Parents _____
Telephone No. _____

15. Occupational Address of the Parents _____ Telephone No _____

IN RESPECT OF CLASS OTHER THAN NURSERY

School attended periods of Stay, etc.

| Sl. No. | Name of the School attended | Standards covered with year | Date of leaving with Reasons |
|---------|-----------------------------|-----------------------------|------------------------------|
| | | | |

- A) Whether qualified for promotion a) _____
- B) Standard into which admission is sought b) _____

Whether the pupil has produced the Transfer / School Leaving Certificate from the last School attended _____

Transfer / School Leaving Certificate No. _____ Date _____

Languages Studied : I Langl : _____ II Lang. : _____ III Lang. : _____

I Request that the above named pupil may be admitted to the Pre-Primary / Primary / High School. _____ Standard.

Place _____

Date _____

Signature of Parents / Guardian. _____

PARTICULARS TO BE FILLED BY THE OFFICE

Master/Baby _____ is admitted to Standard _____ Section _____

Stream _____ on payment of prescribed fee on _____

Admission Number

Fee Receipt Number / Date

Clerk

Principal

