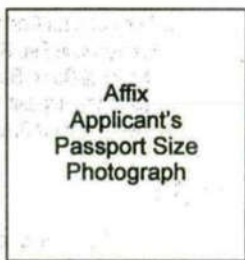




REGISTRATION FORM

Reg. No.
 Date
 Seeking Admission in Class.....
 CBSE Reg. No. (X / XII).....



A. Student Information

Name First

Middle

Last

Date of Birth

Nationality _____ Blood Group _____

Name of Last School Attended _____

School's Address _____

Board _____ Medium of Instruction _____

Details of Brother(s), Sister(s) or Relative(s) in BRCM Public School, if any

	Name	Class	I.D. No.	Relation
1.				
2.				
3.				

B. Parent's/Guardian's Information

Father's Name

Occupation _____ Qualification _____

Mother's Name

Occupation _____ Qualification _____

Guardian's Name

Relation with the Student _____

Correspondence Address _____

District _____ State _____ Pin Code _____

Tel. No. _____ (O) _____ (R) _____ Fax _____

Mobile _____ E-mail _____

ENCLOSURES

1. Copy of Birth Certificate, Report card of previous school, Transfer Certificate of Previous School.
2. Registration Fee Rs. 4000 /- (Four Thousand Only) by Demand Draft in favour of "Principal, BRCM Public School" payable at Punjab National Bank, Bahal A/C No. 1215000100069319 or Allahabad Bank, Bahal A/C No. 50068620876, Axix Bank Bhiwani A/C No. 402010100005258. Send the deposit receipt by Fax/E-mail/Post.
3. Two Passport Size Photographs, Aadhaar card copy of Student/Parents/Guardian's.

NOTE

1. Mere Registration does not confirm admission in any class.
2. Registration Fee is non-refundable
3. This form will not be accepted without the Registration Fee and copy of Birth Certificate.
4. Date of Admission Test will be informed telephonically.

DECLARATION BY PARENT

1. I, hereby, declare that all the information give above is authentic to the best of my knowledge and if it is found to be incorrect, it will lead to cancellation of Registration/Admission of my ward from the school. I also agree that the decision of the School authorities will be final and binding on me in all matters.
2. Although all due care shall be taken, the management & school shall not be responsible towards any kind of compensation in consequence of death/mishap/loss/injury suffered to my ward during his stay in school.

Date _____ Signature _____ Signature _____
(Mother) (Father)

FOR OFFICE USE ONLY

Admission Test on _____ at _____	Marks Secured _____
English _____ Science _____ Maths _____	GK (Grade) _____
Interview _____ Other Subjects _____	
Remark _____	
Recommendation : _____	Rec/Not Rec _____ Admission Coordinator _____

Admission Details	
ID No. _____	Fee Received Rs. _____
D/D No. _____	Drawn on _____
Date _____	
	Account Dept. _____

Remarks : _____

Date : _____

PRINCIPAL