

SHREE AKSHAR PURUSHOTTAM CHHATRALAY

245 EAST WARDHAMAN NAGAR, SWAMINARAYAN MARG, NAGPUR – 440008
PHONE: 91-712-2790810, 2790881. FAX: 91-712-2690823
e-mail: bapsnagpur @ yahoo.co. in

APPLICATION FORM FOR CHHATRALAY

FORM No.....

ADMISSION No.....

Important Directions

- ❖ Please read the instructions carefully before filling the form. Application form incomplete in any respect or without any document called for, will not qualify for registration.
- ❖ Fill up the details in Block Letters as per Transfer Certificate. Pay Rs. 200/- along with the Application.
- ❖ The admission to chhatralay will automatically deemed as admission to The Swaminarayan School but a separate School Admission form shall have to be filled to complete the procedure of admission.
- ❖ The payments to chhatralay should be made by Demand Draft in favour of 'Gnanyagna Vidyapith' payable at Nagpur.
- ❖ The admission at present is provisional and subject to final result of the current academic year.

1. SURNAME & NAME: _____

CANDIDATE: _____

FATHER: _____

MOTHER: _____

Paste
Passport Size
Photograph of
the student

NATIONALITY: _____ RELIGION: _____ CASTE: _____

DATE OF BIRTH: / / PLACE OF BIRTH: _____

MOTHER TONGUE: _____ OCCUPATION OF FATHER: _____

2. ADDRESS: _____

CITY: _____ PINCODE: _____ TALUKA: _____

DISTRICT: _____ STATE: _____ COUNTRY: _____

TEL: CODE NO _____ (Off.1) _____ (2) _____ (R) _____

MOBILE NO _____ E-MAIL ID _____

3. EDUCATIONAL DETAILS OF THE STUDENT

(a) CLASS IN WHICH ADMISSION IS SOUGHT _____

(b) LAST SCHOOL ATTENDED _____

(I) CLASS _____ (II) MEDIUM OF INSTRUCTION _____

(III) AFFILIATED TO _____ STATE BOARD OR CBSE/ICSE

(IV) RECOGNITION NO. OF SCHOOL _____

4. LOCAL GUARDIAN TO BE CONTACTED IF NOMINATED IN EMERGENCY:

NAME AND ADDRESS : _____

RELATIONSHIP, IF ANY: _____

TEL: CODE NO _____ (O-1) _____ (O-2) _____ (R) _____

MOBILE NO _____ E-MAIL ID _____

5. CANDIDATE'S PERSONAL IDENTIFICATION MARK: _____

6. PERSON RESPONSIBLE FOR PAYING THE FEE: _____

MEDICAL REPORT

WEIGHT: _____ HEIGHT: _____ CHEST: _____

GENERAL HEALTH: _____

PHYSICAL DEFICIENCY, IF ANY: _____

MEDICAL OFFICER'S REMARK: _____

REGN. NO. _____

SIGNATURE OF MEDICAL OFFICER

WITH STAMP

UNDERTAKING BY THE PARENT / GUARDIAN

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- ◆ I have carefully gone through the conditions & instructions laid down by the institute before applying for registration of my child/ward and I agree to abide by the same.
- ◆ I agree to pay fee in time as per the rules and I am fully aware that Fee once paid is not refunded or transferred in any case.
- ◆ I also agree that I will take my child back from the institute if he would not behave as per the rules and regulations of the institution.

DATE: _____

PLACE: _____

(PARENT / AUTHORISED GUARDIAN)

Name in block letters: _____

Relation with the candidate: _____

TO BE FILLED IN BY THE OFFICE

ADMITTED

NOT ADMITTED

DATE OF ADMISSION

GRUHPATI