

Admn. Office :- Opp. WALMI Gate No.-1, Phulwari Sharif, Patna-801507 Our Helpline No.: 0612-245253, 2452483, 9431647083 E-mail: patliputra.school@gmail.com Website: www.patliputrapublicschool.com

REGISTRATION / ADMISSION FORM						
Admission No. : Ledger No. :	Admission Date :					
Joint Photo Rept P. M.) With Parents In.)	The Student of					
Admission required for class:	Approved Yes No					
NOTE: PLEASE USE CAPITAL LETTERS ONLY.						
We, Father's/Guardian's Name and Mother's/Guardian's Name wish to admit our son/daughter/ward whose particulars are given below as a day scholar at Patliputra Public School, Patna.						
INFORMATION OF THE CHILD	I and Manna					
First Name Middle Name	Last Name					
Gender Date of Birth	Date of Birth in words					
Male Female DD MM YYYY						
Blood Group Religion Nationality	Aadhar No.					
Community SC/ST OBC	GEN. OTHERS					
Languages known	Mother Tongue					
FAMILY INFORMATION:						
Father's/Guardian's Name	Mother's/Guardian's Name					
Occupation	Occupation					
Annual Income	Annual Income					
Emergency Contact No.	Relationship					

PRESENT ADDRESS	3:		PER	RMANENT ADDRESS :
Father's Mobile No.			Moth	ther's Mobile No.
DETAILS OF PREVI	OUS STUDY	•		
Year Sch	ool Sta	.ndard/Gr	ade	Marks obtained in the final exam.
DETAILS IF SCHOO	L TRANSPOR	-		t fo cilitar increased on DD again vaccor
Stoppage (From)		Iran	sport	t facility issued on DD MM YYYY
Vehicle No.	Route	No./Road	d	Trnsport Fee (Per Month)
	I	DECLARA	TIOI)N
The above informatio	ns furnished b	v me here	ein ar	re correct. If any information is
		•		y my ward's selection for admission.
N. B. : The school ma	nagement res	erves the	right	at to admit any candidate without
assigning any reason and no claim will be entertained in this regard.				
Date : DD MM YYY	Υ			Signature of Parent/Guardian
Signature of Adm. Co-	ordinator		,	Signature of Head of the Institution
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Date : DD MM YYY	Υ			