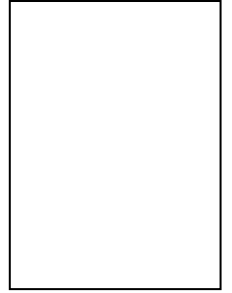


National Public School Panchgani

Dist- Satara, Maharashtra. 412805. India. Tel- 0091-02168-240201/240702.



Admission Form

1. Pupil's name in full (BLOCK LETTERS):

2. Father's name: _____ Occupation: _____

3. Mother's name: _____ Occupation: _____

4. Nationality: _____ 5. Place of birth: _____

6. Date of Birth: _____ (In Words) _____

7. Religion: _____ 8. Caste: _____ 9. Gender: _____

10. Name of the last school attendant _____

11. Standard in which pupil was studying: _____ Medium of instruction: _____

12. Last school result: Promoted Failed

13. Reason for leaving last school: _____

14. Standard in which admission sought: _____ Day Scholar Boarder

15. Vegetarian Non Vegetarian

16. Residential Address : _____

17. Correspondence Address: _____

18. Telephone (Resi): _____ Office: _____

Mobile No. Father: _____ Mother: _____ E-mail: _____

19. Local Guardian Details: _____ Contact NO. _____

-----UNDERTAKING-----

1. I hereby declare that the above information is true and correct to the best of my knowledge. I accept and strictly will abide by the rules and regulations at all the time. I am willing to accept the changes that may be brought from time to time.
2. Admission will be confirmed only after the payment of fees. The amount is not refundable at any cost, if the admission is cancelled by the parents or management in any circumstances.
3. In case of withdrawal, undertaken must be given three months prior or pay three months fees (Boarding & Tuition) in lieu of notice.
4. If in any circumstances, a student leaves the school campus without permission of the Principal/Administrator, the school or the management will not be responsible for the student's further out comings/consequences/effects.

Signature of Candidate

.....FOR OFFICE USE ONLY.....

- 1) Date of application accepted: _____
- 2) Date of Admission: _____
- 3) Std. admitted info: _____
- 4) Registration No: _____
- 5) Documents submitted:

a) Leaving certification	Yes/No	<input type="checkbox"/>
b) Progress Card:	Yes/No	<input type="checkbox"/>
c) Medical Certificate (Fitness)	Yes/No	<input type="checkbox"/>
d) Photographs (Four)	Yes/No	<input type="checkbox"/>
e) Aadhar Card (Photo copy)	Yes/No	<input type="checkbox"/>
f) Birth Certificate (Original)	Yes/No	<input type="checkbox"/>

Remark _____

Parent's Sign

Principal's Sign

Date of admission: _____