## **ADMISSION FORM**



Affiliation No :- 1530159 & School No :- 15293

Kharagprasad, Dhenkanal, Odisha, 75912

brahmanipublicschool.2011@gmail.com / 15293@cbseshiksha.in

www.brahmanipublicschool.org

+91-7008781721, +91-7077263579 BRAHMANI PUBLIC SCHOOL **Making Ideal Citizens for Healthy Nation Session:** Admission No:-Form No: **Admission Date:-**Receipt No: Affix photo of Father Affix photo of Mother Affix photo of Student Admission required for class: We, and, wish to admit our son/daughter/ward whose particulars are given below as a student at Brahmani Public School. **INFORMATION OF THE CHILD:** First Name Middle Name Last name Gender Date Of Birth **Blood Group** Male Female Religion **Nationality** Community OBC SC ST GEN Others Aadhar No:-Mother Tongue:-Residential Address **Correspondence Address** Mobile No:-**Emergency Contact No:-DETAILS OF PREVIOUS STUDY:-**Std/Class Year School Grade/Marks obtained in CBSE The previous school affiliated to: BSE **ICSE** Other

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Whet	her the father / mother is an employee of the Brahmani l	Public S	chool / Any oth	er organizatioi	1 / Business cent	
	Admission fee					
	Bank Draft ( HDFC Bank) NEFT ( HDFC Bank )					
	in favour of Brahmani Public School			0100208647606 FT— HDFC0002033		
	Payable at Meramandali Branch	Br	anch— Merama	ndali		
Tra	ansport :-					
I would like to avail the transport facility for my child as per the rules and regulations of the school. He/ She will be picked up from the nearest bus point as decided by the school.						
Preferred Location( Bus Stop):						
I hereby agree to pay the transport charges according to the school fee rules .						
At the time of admission the following particulars are to be furnished: Yes NO (Original along with photocopy)						
•	Passport size photograph of (i) Child (ii) Mother (iii) fa					
•	Transfer Certificate (TC) Countersigned by proper authority					
•	Birth Certificate					
•	Community Certificate					
•	Conduct Certificate [From standard VI and above]					
•	Aadhar card of child, father & mother.					
	Darla arthur					
Declaration						
Ihereby declare that the information given by me is true to the best of my knowledge and if any of this information is found to be false, this application is liable to						
be cancelled. I shall abide by the decision of the school in all matters. I shall also abide by the Fee Deposit Rules						
	of the School. I understand that fee may be revised from time to time and I agree to the decision taken by the					
S	chool management in this regard.					

Father's Signature

**Date** 

Mother's Signature