



BHOJIA VIDYAPEETH

(An Opportunity to Grow)

Affiliated to C.B.S.E. New Delhi - Affiliation No. 630243, School Code: 23170

Form No. _____

STUDENT ENROLMENT FORM

Student's
Photograph

Father's/Guardian
Photograph

Mother's/Guardian
Photograph

(PLEASE FILL ALL THE ENTRIES IN CAPITAL LETTER ONLY)

Name of the Student _____ Blood Group Gender M/F

Date of Birth Age Years months Height cms

_____ D D M M Y Y Y Y (AS ON APRIL 1.20_____)
Weight kgs

Class to which Admission is sought _____ For the Academic Session _____

Last Class & School Attended _____

Name of Mother / Guardian _____

Name of the Father/ Guardian _____

Correspondence Address _____

_____ Tel. No

Mobile No.
(Father)

Mobile No.
(Mother)

Parents Educational Background:

Qualification	Name of the Institution / College /School	Subjects
Father		
Mother		

Father's Occupation _____ Designation _____

Official Address _____

E-Mail id _____ Annual Income _____

Mother 's Occupation _____ Designation _____

Official Address _____

E-mail id _____ Annual Income _____

Category Gen SC ST OBC Aadhar No.

Details of the Siblings:

Name _____ School _____ Std _____

Name _____ School _____ Std _____

Hobbies and Talents _____

Honours and Awards _____

Child 's Health Record _____

(To be completely filled and accompanied by Doctor's Certificate ,Wherever necessary)

Name of Family Physical / Pediatrician _____

Tel. No Mobile No

Required School Transport Yes No (If ' yes, ' kindly fill the ' application from : School Transport Facility available at the school front office.)

GENERAL INSTRUCTION:

If , at any stage after admission ,it comes to our notice that the vital information concerning the admission of their child has been withheld by the parents or that they given incorrect information , the admission of the student will be cancelled and his/her name will be struck off the rolls.

DECLARATION:

1. We, hereby, certify that the information given in this enrolment form is correct to the best of our knowledge and belief.
2. The School reserves the right to cancel the admission of our child if it is found that the declaration / certificates submitted at the time of admission are false /improper.
3. I understand that the school reserves that right to delete or modify that rules and regulations at any time without prior notice and the same shall be applicable on us. We, on behalf of our ward, hereby undertake to abide by all notifications / instructions / circulars issued by the Head of the school from time to time.
4. All disputes are subjects to the jurisdiction of Nalagarh Courts only. We further declare that we shall not make any request for modification, either in the Date of Birth or in the spelling of his /her name. We confirm the above declaration.

Date Signature of Father _____
D D M M y y y y (or Guardian)

Signature of Mother _____
(Or Guardian)

FOR OFFICE USE ONLY

Admission No _____ Admitted in class _____ Academic Session _____

Free Receipt / Invoice NO _____ Amount _____ Date _____

Documents Received:

Photocopy of DOB Certificate SLC/TC attested by DEO Previous Year's Mark sheet
Medical Certificate Photocopy of Aadhar Card

Authorised Signatory

Pinjore - Baddi - Nalagarh Road
Village - Bhud, Teh. - Baddi, Distt. Solan (H.P.)
Website: www.bhojlamededu.com, E-mail : bhojlavidyapeeth@gmail.com
Phone Nos. 9817204721, 93180.....