

APPLICATION No: _____

PH: (0141-2571333, 4023331)

ACHARYA BHIKSHU PUBLIC SCHOOL

(Run Under the Management of Sh. Jain Swetamber Terapanthi Shiksha Samiti)

M.S.B. Ka Rasta, I crossing, Johari Bazar, Jaipur- 03

E.Mail : abpschools@gmail.com

Application for Admission

1. Full Name (in Capital) : _____
2. Class (To be Admitted) : _____
3. Scholar Number (Leave Blank) : _____
4. Father's Name : _____
5. Mother's Name : _____
6. Guardian's Name : _____
7. Father's Occupation : _____
8. Annual Income : _____
9. Permanent Mailing : _____
Address : _____
10. Telephone No. : _____ (R) _____ (O) _____ (M)
11. Age in Years : _____
12. Date of Birth : _____ / _____ / _____
(Day) (Month) (Year)
13. Do you Belong to : SC ST OBC
14. Sex : Male Female
15. Academic Record : _____
School's Name : _____
Class Passed : _____ Year _____
Division : _____ Percentage _____

Signature Father

Signature Mother

Date: _____

Signature Student

For Office use Only

ADMITTED

NOT ADMITTED

Release Fees up to _____

(Principal/Vice Principal)

Revalidated _____

(Principal/Vice Principal)

Fees Released on _____

Vide Receipts on _____

Cashier _____

Principal _____

Please Attach:-
Transfer Certificate / Affidavit / Mark Sheet / Birth Certificate
(Unless Submitted Admission will be Provisional)