Reg. No. 89/JPR/2006

refundable.

Date

(Recognized by Govt. of Rajasthan)

Shri Khandelwal Vaishya

REGISTRATION FORM

Affix Photo of the Ward

Central Upper Primary School Station Road, Jaipur Tel.: 0141-2361488, 4113704

Name of the Student (in Capital Letter)				
Date of Birth (in Words)				
Age as on 1st April of Current Academic Year Year		Month		Days
Gender (Please put a tick) Male Female	e [Natio	onality of	the Child
Name of the School the student last attended	_			
Studying in Class Applying for Class				
Medium of Education				
Language Studying English Hindi French	7	Sanskrit] Othe	2r
Blood Group		Odriškii _		51
Aadhaar Number				
Birth Certificate		Affix Photo of Father		Affix Photo of Mother
Parent's Details FATHER		_	M C	THER
Name	٦			
Date of Birth	\exists			
Nationality	┪			
Qualification	╡			
Occupation	Ħ			
Designation	Ħ			
Organisation	Ħ			
Office Address	Ī			
Residential Address	j			
Phone No.(s)				
Mobile No. (s)				
E-mail				
Details of any brother or sister (not cousins) studying in thi	is so	chool :-		
Name of the Child				Group
(2)				
(2)				
Areas in which you can contribute towards the enrichment of the	e sc	hool		
(Please put a tick against your choice)				
Cultural Medical		Media [
Academic Sports		Any other [
Please elaborate your choice				
School Transport required Yes No				
INFORMATION * Kindle pote that the table to liquite documents it will not be a possible to		danik nil namali	4 4 4 4 4	!! !!
* Kindly note that due to limited seats, it will not be possible to admit all application the application made here does not in any way, entitle the candidate to be admitted to the school.				
* Shortisted candidates will be informed by phone/posts/E-m				
* Limited transport facilities are available on specific routes. A	Adm	nission there	efore will i	not automatically ensure
a seat in the school bus.				
INSTRUCTION:				
* Please submit the following along with the form :				
* Passport size photograph of the child and one of each pa		•		
 Photocopy of the Birth Certificate issued by the Municipal Photocopy of the latest progress report card and a copy of 				orities.
* (Photocopy of residential proof (copy of Ration card/Voter				
CERTIFICATE FROM PARENTS		-h		
I hereby certify that the best of my knowledge, the information of school on acception the registration form of my ward is not in any	_			
the decision of the School regarding admission will be final and bin	-		,	
Date Signature of Father			Sign	ature of Mother
			3	
IDENTITY BOND In the event of any injury or harm or loss of the life during the co	N. 1	o of the	of man	and in the sehect to the
In the event of any injury or harm or loss of the life during the course of the stay of my ward in the school I shall not hold the school or authorities responsible for the same. Also I undertake to give three months notice needs				
to be given to the school in case I wish to withdraw my child. I u			-	

Signature of Parent/Guardian