

🐧 Cambridge Public School (C.P.S.)

Koilara Dawan, Jagdishpur, Bhojpur - 802152

ADMISSION FORM

Y

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Candiate's Name :
 Date of Birth :

D

Sl. No.:

Session: 20 -20
[To be filled in CAPITAL LETTERS only]

РНОТО

Admission Incharge

٥.	rathers Name .				
	(i) Qualification :		(ii) Occupation :		
4.	Mother's Name:				
	(i) Qualification:		(ii) Occupa	(ii) Occupation :	
5.	Guardian's Name (if father & Moth	er are not alive): -			
	(i) Qualification :		(ii) Occupa	tion:	
6.	Permanent Address :				
	Moh./Vill	P.O.:		P.S.:	
	Dist.	State :		PIN:	
	Phone No.:	Email :		- 1 -	
7.	Address for correspondence :				
8.	Registration is sought for admission in class :				
Name of the school attended previously by the candidate					
	(i) Nationality		(iii) Category		
	(ii) Religion :		(iv) Blood Group		
10.	. Aadhar No. of Candidate				
11.	Conveyance Facility Yes No	if, Yes, C	CPS to		
ma	ay be made in future from time o here by declare that all the a	e to time. above informatio	n are true to the b		
	Signature of Mother	Signature	of Candidate	Father's /Guardian's Signature	
		For Of	fice Use		
(i) Admisssion No (ii) Date of Admission					
(iii) Admission in class					
	admitted house				
(,			****	Admission Incharge	
	Cambridge Koilara D	Public		(C.JI.S.)	
		10 TO 100			
	ssion in Class Section			AND CONTROL OF THE PARTY OF THE	
	e Blood Group		Date of Admiss	IUI	
Just					