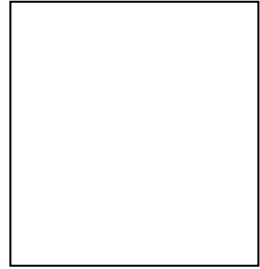


# BISHOP COTTON SCHOOL C.B.S.E., NAGPUR

## Admission form for admission to the school

1. Name of the Child (NAME IN BLOCK LETTER AS PER AADHAR) \_\_\_\_\_
2. Aadhar Number (UID) \_\_\_\_\_
3. Name OF Father \_\_\_\_\_
4. Name of Mother \_\_\_\_\_
5. Name of the Guardian, If other than the Parent \_\_\_\_\_
6. Date of Child's Birth \_\_\_\_\_  
(To be supported by Original Birth Certificate / T.C. from recognized school and Aadhar Xerox)
7. Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_
8. Religion \_\_\_\_\_ Caste \_\_\_\_\_ Sub – Caste \_\_\_\_\_  
Christian to State Denomination / If Non Christian State Community \_\_\_\_\_
9. Mother tongue of the Child \_\_\_\_\_ Mother Name \_\_\_\_\_
10. School in which child studied last studied \_\_\_\_\_
11. Date of leaving that school \_\_\_\_\_ Class \_\_\_\_\_  
Promoted / Detained \_\_\_\_\_
12. Medium if instruction in the school \_\_\_\_\_
13. Class in which admission sought \_\_\_\_\_
14. Occupation of father \_\_\_\_\_ Designation \_\_\_\_\_
15. Occupation of Mother \_\_\_\_\_ Designation \_\_\_\_\_
16. Has the Child real brother or sister in the school? \_\_\_\_\_
17. If yes, so give name and class of such brother and sister \_\_\_\_\_
18. IS the Father or Guardian liable to transfer? \_\_\_\_\_
19. Family background in brief \_\_\_\_\_



NOTES: - No child can be admitted until either a transfer certificate (duly countersigned where necessary) or where this is not applicable sufficient evidence of the date of birth id produced. The School reserves the right to test any child irrespective of a transfer certificate and / or admit or refuse admission to any child. The attention of parents is drawn to the regulation governing the payment of fees and the rules and regulation of the school.

### DECLARATION

I \_\_\_\_\_ Father / Mother / Guardian of the above named \_\_\_\_\_ declare that information supplied above is correct and I deposit registration admission and school fees I understand that this does not in itself entitle him / her to a place and that it is not refundable. We / I hereby undertake to pay the fees in vogue and those which on revision to the school without any protest anywhere any communication from the school should be sent to me at the address given below I have read and understood the Rules and Regulation in force and hereby undertake to abide by them.

The decision of the Head Master / Principal would be taken as final and binding to me.

**(School Fees once paid will not be refund)**

Permanent Address \_\_\_\_\_

**(SIGNATURE)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Pin Code \_\_\_\_\_

Mobile Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

**NOTE:-** Child's Name, Father's Name, Mother's Name's Name, Religion, Caste, Sub – Caste must be entered compulsory

**BISHOP COTTON SCHOOL C.B.S.E., NAGPUR**

Application form no. \_\_\_\_\_ For Std. \_\_\_\_\_

Signature of Issuing Authority \_\_\_\_\_ Date \_\_\_\_\_

Registration No. \_\_\_\_\_ Probable Date of Interview / Test \_\_\_\_\_

Signature of Registration Authority \_\_\_\_\_ Date \_\_\_\_\_

Receipt Number \_\_\_\_\_ Amount \_\_\_\_\_

Signature of Cash Receiving Authority \_\_\_\_\_ Date \_\_\_\_\_

**ADMIT / WAITING LIST / REJECTED**

Std. \_\_\_\_\_ Section \_\_\_\_\_

Signature of Head Master / Principal \_\_\_\_\_ Date \_\_\_\_\_

**FORM "C"**  
**(Private and Confidential)**

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ (Weight in Kg.) \_\_\_\_\_

Date of Last Vaccination \_\_\_\_\_

Was it Successful? \_\_\_\_\_ (Put X above with approximate below)

If your child has suffered from any of the following diseases:

Enteric, Measles, Diphtheria Scariet Fever, Chickenpox, Mumps, Smallpox, Whooping Cough or any allergic

Has he / She had appendecities? \_\_\_\_\_

Has he / She had trouble with tonsils or Adenoids? \_\_\_\_\_

Has his / her tonsils or adenoids been removed? \_\_\_\_\_

Date \_\_\_\_\_

Is His / Her eyesight good? \_\_\_\_\_

Is His / Her subject to Malaria? \_\_\_\_\_

Is His / Her subject to frequent coughs and cold? \_\_\_\_\_

IS there any particular weakness to guard against? \_\_\_\_\_

(Signature of Parent / Guardian)

(Signature of Medical Officer)

Regn No.