



# ADMISSION FORM

C.B.S.E. Affiliation No. : 1030159  
DISE CODE : 23320305704

## Bal Bhawan School

Shamla Hills, Bhopal  
Tel. : 0755-2661261, 2661052

CLASS : .....

SCHOLAR NO. : .....

Photograph  
Father/Gaurdian

Photograph  
Mother

Photograph  
Student

Sr. No. :

STUDENT'S NAME \_\_\_\_\_

(IN BLOCK LETTERS) \_\_\_\_\_ RELIGION \_\_\_\_\_ CASTE : Gen.  SC  ST  OBC

DATE OF BIRTH DD   MM   YR     CLASS ADMITTED TO \_\_\_\_\_

IN WORDS \_\_\_\_\_

Father's Name \_\_\_\_\_ Mobile No. \_\_\_\_\_

Occupation \_\_\_\_\_ Off. Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mobile No. \_\_\_\_\_

Occupation \_\_\_\_\_ Off. Address \_\_\_\_\_

Address Residence \_\_\_\_\_

Immunization child has had \_\_\_\_\_

Family Doctor's Name, Address, Tel. No. \_\_\_\_\_

Previous School Attended \_\_\_\_\_

Documents To Be Submitted Mandatorily	Yes	No	Yes	No
i. Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	iv. Caste Certificate	<input type="checkbox"/> <input type="checkbox"/>
ii. Transfer Certificate (Countersigned)	<input type="checkbox"/>	<input type="checkbox"/>	v. Aadhar Card Copy	<input type="checkbox"/> <input type="checkbox"/>
iii. Marksheet of Previous class	<input type="checkbox"/>	<input type="checkbox"/>	vi. SSSMID No.	<input type="checkbox"/> <input type="checkbox"/>
vii. IX/XI Class CBSE Registration Card	<input type="checkbox"/>	<input type="checkbox"/>	viii. Others	<input type="checkbox"/> <input type="checkbox"/>

**Undertaking :-** I hereby certify that above mentioned information/documents are correct to the best of my knowledge.  
For any discrepancy I will be held responsible.

Date :

Signature of Parent

### FOR OFFICE USE

1. Admitted to Class \_\_\_\_\_ Sec. \_\_\_\_\_ House \_\_\_\_\_

Principal's Signature

2. Fee Paid YES  NO

Accountant's Sign. & Seal

3. Scholar No. issued. \_\_\_\_\_

Office Superintendent's Sign