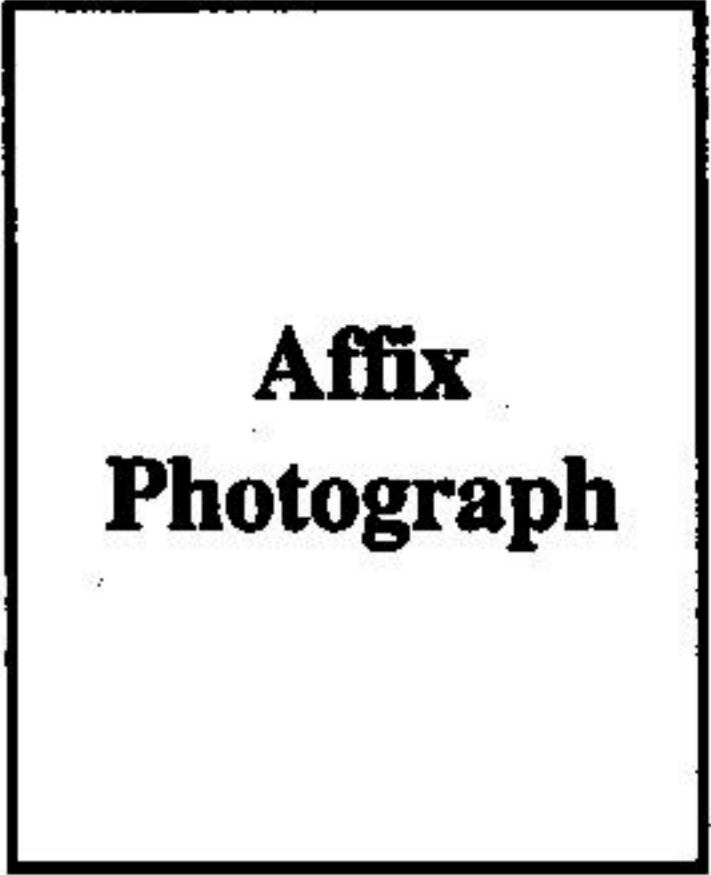


Bloomfield Public School

Pocket B, Dilshad Garden,
Delhi-110095 Ph.:-011-22595583, 43745552



Application for Registration



Admission No.....

The Principal
Bloomfield Public School

Madam,

I request you to register the name of my ward/son/ daughter in Std.....of your School.

Name of the Pupil.....Known as.....

Sex.....Date of Birth.....Age.....

(Attach zerox copy of Date of Birth Certificate from M.C.D.)

SC/ST/OBC/GENERAL (Attach zerox copy of certificate)

Home Address..... Ph. (R).....

(M)

Mother's Name.....Age.....

Qualifications..... Occupation.....

Employer/Office..... Ph.(O).....

Father's NameAge.....

Qualifications..... Occupation.....

Employer/Office Ph. (O).....

(M)

Last School Attended.....

Brother/Sister Studying in the School.....

Student's Name..... Class.

Person to contact when parents cannot be reached

Home Phone..... Work Phone

Relationship to Child.....

Yours Faithfully

Parent/Guardian

ACKNOWLEDGEMENT

Dated.....

Reg. No-.....as registration fee in respect of

Received Rs.S/o./D/o.....