



# FIRAYALAL PUBLIC SCHOOL

( A unit of AJAY MUNJAL MEMORIAL TRUST )  
5, Main Road, Near Railway Overbridge, Ranchi-834001 (Jharkhand)  
( AFFILIATED TO C.B.S.E., DELHI )

## APPLICATION FOR REGISTRATION

Photograph of the  
applicant student  
Do Not Staple

paste with  
adhesive

No.

(For Office Use Only)

To,

The Admission Department  
Firayalal Public School  
Ranchi - 834001

Adm. No. :

Date :

Sir,

I have read and understood the rules & regulations of the school and I shall abide by them and accordingly I wish to register my ward. I hereby give full particulars as below :-

1. Full Name of the Student : \_\_\_\_\_  
(in Capital Letters)
2. Sex : \_\_\_\_\_
3. Date of Birth : (in figures) \_\_\_\_\_  
(This cannot be altered : (in words) \_\_\_\_\_  
subsequently)
4. Class in which admission is wanted : \_\_\_\_\_
5. Aadhar No. : \_\_\_\_\_
6. Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_
7. Category : (Please tick the applicable)  
SC  ST  OBC  General  Only Child of the Parents  BPL  Handicapped  Minority
8. Blood Group : \_\_\_\_\_
9. School last attended, if any : -  
(Name, Address, Board, \_\_\_\_\_  
Affiliation/Registration No.) \_\_\_\_\_
10. Does the student suffer from any disease / allergy, if yes, please specify : \_\_\_\_\_
11. Does the student suffer from any constitutional disability or infirmity? If Yes, furnish details and state whether any special care is to be taken for him/her in case he/she is selected for admission.
12. Details of Brothers and Sisters studying in the School : \_\_\_\_\_  
Name : \_\_\_\_\_ Admission No. : \_\_\_\_\_  
Name : \_\_\_\_\_ Admission No. : \_\_\_\_\_
13. Particulars of Parents : \_\_\_\_\_

FATHER	MOTHER
(i) Name .....	(i) Name .....
(ii) Occupation .....	(ii) Occupation .....
(iii) Off. Address & Ph. No. ....	(iii) Off. Address & Ph. No. ....
.....	.....
(iv) Res. Address & Ph No.....	(iv) Res. Address & Ph No.....
.....	.....
(v) Qualification .....	(v) Qualification .....
(vi) Annual Income .....	(vi) Annual Income .....

I certify that the particulars given above are correct. In case any particular(s) are found to be incorrect at a later stage, the Registration / Admission will be cancelled without refunds.

**Signature of Parents / Guardian**

(Full Name & Relationship)

No.

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

- (i) Full Name of the Student : \_\_\_\_\_
- (ii) Class in which admission is wanted : \_\_\_\_\_
- (iii) Residential address of the parents : \_\_\_\_\_
- (iv) Phone No. : \_\_\_\_\_

**ADMISSION ORDER**

(to be filled by the Principal / Asst. Admin. / Administrator / Admission In-charge)

Admission granted to \_\_\_\_\_

In class and Section \_\_\_\_\_ for the Session \_\_\_\_\_

**Personally verified the Original**

- |  |  |
|--|--|
| (a) <input type="checkbox"/> Birth Certificate (Municipal) | (e) <input type="checkbox"/> Character Certificate |
| (b) <input type="checkbox"/> Transfer Certificate          | (f) <input type="checkbox"/> Migration Certificate |
| (c) <input type="checkbox"/> Report Card / Mark Sheet      |  |
| (d) <input type="checkbox"/> One Stamp Size Photograph     |  |

\_\_\_\_\_  
Asst. Admin / Administrator / Admission In-charge

\_\_\_\_\_  
Principal

**UNDERTAKING**

I hereby undertaking that

1. the following documents will be submitted by \_\_\_\_\_ failing which the admission will be cancelled.
- |    |    |      |  |  |
|----|----|------|--|--|
|    |    |      |  |  |
| dd | mm | yyyy |  |  |

- |           |           |
|-----------|-----------|
| (a) _____ | (d) _____ |
| (b) _____ | (e) _____ |
| (c) _____ |           |

2. In case the attendance of my ward falls below 75%, he/she will not be allowed to appear in the final examination as per CBSE norms.

Date \_\_\_\_\_ Signature of Student \_\_\_\_\_ Signature of Parent \_\_\_\_\_