

BV

Number

## **VIDYA BHAWAN BALIKA VIDYAPEETH**

Shakti Utthan Ashram, Lakhisarai-811311 Affiliated to CBSE upto +2 Level Affiliation No. 330007 School No. 08085

## APPLICATION FOR REGISTRATION

₹ 500/-only

**PHOTOGRAPH** 

PERSONAL DATA OF ST						2
mportant: please write all the	e information cle	arly in Block Letters, using I	Black or Blue Pen			
FirstName		STATE OF STA				No. 201
Surname						2002
Class to which admission	on sought	Sex: Fen	male	Male	Nationality	
Date of Birth		(In Words)		1 1 200		(Attach original)
Residence Address						
City	52 1 50 50 50 50	Pin Code		Blood Group	Cate	gory SC BC Gen.
Home Tel.#	200-00000	Mob#	Fax #		Email	
Mode of Transport : Sch	nool Bus	Own Transport	R	oute/Destinat	on	
EDUCATIONAL BACKG	ROUND					
Name of previous school				W 188.4		
Class Passed			Board	/ Year of pass	ing	
		From			То	
City/State Reason for leaving		From	10 10 10	2 2 2	10	
_		A	# - W. T.	VEO		
	200.00	ot promoted to next class	by any School?	YES	NO	
If YES, please give deta	ails				J 83	
PARENT'S INFORMATIO	ON N	FATHER		No.	MC	OTHER
Name	-		30 2 30			3000
Age						
Qualification	-			9		
Occupation			3 7 7 3			
Office Address (with Phone No.)		-				
Annual Gross Income	Po			Rs.		1,2508
Mobile No.	Rs.			113.		
UNDERSTANDING						
	that the regist	ration of my son/ward do	es not quarantee	admission to	the school and tha	at the registration fee is neither
transferable nor refund		ation of my son ward do	not guaranto	, damiloon to	are correct and are	7 1 5 1
* Signature		-	Full Nam	ne	-	
Relationship			Da	ite		
or by the head of a reg	istered nursing	g home, or by the medic	birth certificate o cal practitioner w	f the candidate ho delivered t	e, as issued by the he child (with his/l	village or municipal authorities her medical council registration
number). School leaving	g/Character ce		R OFFICE USE	ONLY		
Application Received O	n					REMARKS
Receipt			Date			
Number Registration	N/ /					