

## BGS HEALTH AND EDUCATION TRUST ®

## **BGS NATIONAL PUBLIC SCHOOL**

Survey no.66/5, Sahasra Deepika Road, Sakalavara Village, Off. Bannerghatta Road, Benagaluru 560 083.

Admi	ssion No.:		(Office us	e)		Reg. No.:	
Registration Form for Class:							
1. Na	me of the Student (Block lette	rs):					
2. Date of Birth (attested copy of the birth certificate to be attached)  i) Figures:  ii) Words:  iii) Age of the child as on 30th June:						Please paste Recent passport Size colour Photograph here	
iv) Aadhar Card No.:							
i	) Mention the class studied : . i) Mention the subjects studie (3) 3rd Lang	d : (1) 1st Lang			(2) 2nd Lang		
5. Language offered other than Kannada  a) Hindi for all Classes b) Sanskrit from Class VI onwards							
Note: As per the office order of Government of Karnataka, study of Kannada as First language or Second language is mandatory.							
SI. No	Name	Brother / Sister	Age	Class	Name o	f the School	
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7. Details of Parents:					
	Mothe	r	Father		
a) Name (Block Letters)					
b) Qualification					
c) Profession / Designation					
d) Department with full address & Phone No.					
e) Aadhar Card No.					
f) Residential Address with Phone No. (document has to be attache	ed)				
g) Permanent Address					
h) Distance from the school in	KM				
i) Mobile No.					
j) Annual Income					
k) E-mail I D					
8. Caste :					
<ul><li>9. Do you belong to SC / ST / (Attach copy of the docum</li><li>10. Mother Tongue:</li></ul>	nent)				
11. Nationality and Religion	:				
mother tongue / caste / relig certificate / Caste certificate) a We are aware that 1). Registra is not refundable. 3) In case	mation furnished by us gion etc., are as per the and will not be changed I ation of our ward is no gu e our ward is admitted, e will not be refunded o	documents available (aadhater on. Entries made are fire arantee of admission into the well abide by the rule radjusted 5). Being a self fire	student / parents / date of birth pare Card / Passport / Date of birth nal. he school. 2) Registration fees paides and regulations of the school nanced Institution, there will be an		
Date:		Signature of Mother:			
		Signature of Father:			
Note: Copy of the documen	ts to be attached:	_			
1. Date of birth	2. Aadhar Card	3. Residential proof	4. Caste certificate		
	Fo	r office use			
Fees paid through DD No		dated	For Rs		
Vide receipt no					
Dated:	I/C Admis	ssion	Principal		