



Serial No. _____

Bal Bharati PUBLIC SCHOOL

RGPPL Site, At Ranvi, Post RGPPL Anjanvel, Tal-Guhagar,
Dist-Ratnagiri Maharashtra-415634
E-mail : bbpsrg@balbharati.org
Website : www.bbpsratnagiri.balbharati.org

APPLICATION FORM

FOR ADMISSION TO CLASS _____

Session 2025-26

Instructions :

- All entries must be written in BLOCK LETTERS in English.
- Leave one square blank between words.
- Incomplete or incorrect application is liable to be rejected.
- In case space for any information is inadequate, use abbreviations.
- Tick within box where appropriate, as

Affix recent
passport size
photograph

1. Name of the student

Surname / Last Name

First Name

Middle Name

2. A. Date of Birth

Day

Month

Year

B. Place of Birth

3. Age as on 01.04.20__

Years

Months

4. Category

5. Sex : Male (M), Female (F)

M

F

6. Blood Group

7. Mother Tongue

8. Aadhar Card No. of the Child

9. Official Address (Do not repeat name)

Father's

Official address grid for Father's

Official Address

Pin : [] [] [] [] [] []

Mother's

Official address grid for Mother's

10. Residential Address

Pin : [] [] [] [] [] []

Residential address grid

11. Permanent Address

Pin : [] [] [] [] [] []

Permanent address grid

12. Name & Address of the local Guardian

Pin : [] [] [] [] [] []

Name & address grid for local Guardian

Residence Tel. No.

Father's Mb. No.

Mother's Mb. No.

Residence Tel. No. grid

Father's Mb. No. grid

Mother's Mb. No. grid

Guardian's Mb. No.

Guardian's Mb. No. grid

12.1 Distance from residence to School

[] []

Km

[] []

Mtrs.

Parental information

FATHER

MOTHER

12.2 Name

Name grid for FATHER

Name

Name grid for MOTHER

12.3 E-mail ID :

E-mail ID grid for FATHER

E-mail ID :

E-mail ID grid for MOTHER

12.4 Age

Age grid for FATHER

Age

Age grid for MOTHER

12.5 Last School attended

Last School attended grid for FATHER

Last School attended

Last School attended grid for MOTHER

12.6 Educational Qualification

Educational Qualification grid for FATHER

Educational Qualification

Educational Qualification grid for MOTHER

12.7 Name of College/University attended

Name of College/University grid for FATHER

Name of College/University attended

Name of College/University grid for MOTHER

12.8 Profession/Occupation

SERVICE

Pvt.

Govt.

Gazetted

Pvt. checkbox

Govt. checkbox

Gazetted Yes checkbox

Gazetted No checkbox

Yes No

Profession/Occupation

SERVICE

Pvt.

Govt.

Gazetted

Pvt. checkbox

Govt. checkbox

Gazetted Yes checkbox

Gazetted No checkbox

Yes No

Designation

Name of Organisation / Deptt.

BUSINESS (Type & Position)

SELF-EMPLOYED (Nature)

ANNUAL INCOME

13. Nationality

Designation

Name of Organisation / Deptt.

BUSINESS (Type & Position)

SELF-EMPLOYED (Nature)

ANNUAL INCOME

Nationality

14. Number of real brothers/sisters (Not cousins) of the child

S.No.	Name	Age	Class	School / College / Service
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. Do you own a house or are you in a rented house ?

Own

Rented

16. Are you in a joint family ? If yes, tick box or mention number as appropriate

Grandmother

Grandfather

Uncle(s)

Aunt(s)

Cousin(s)

17. In case both parents are working, who looks after the child at home till the mother or father comes back ?

Servant

Other Family Members

Creche

18. Is your child an

Introvert

Extrovert

Ambivert

19. What kind of toys does your ward like to play with ?

20.1 What kind of games does your ward like to play ?

20.2 Does he / she play alone or with friends ?

Alone

With friends

21.1 Is your child afraid of a situation such as :

a) Sleeping alone

Yes

No

b) Darkness

Yes

No

c) Any animal

Yes

No

21.2 Is he/she gripped with fright easily

Yes

No

21.3 Has he/she a problem of bedwetting

Yes

No

22.1 Does your child suffer from any physical or mental disability or deficiency

Yes

No

22.2 Name illness(es) or disease(s), if any, for which he / she requires prolonged treatment

- a) **Certified that the date of birth as given above is correct to the best of my knowledge. Attested photocopy of Municipal Birth Certificate/Transfer Certificate of a recognised School and of Ration Card or other valid documentary proof of residence is attached.**
- b) **I agree to abide by the rules and regulations of the School.**
- c) **I understand that the information given above if found incorrect at any stage subsequently would automatically lead to cancellation of Admission.**

Date

Month

Year

Signature of the Parent/Guardian

Application is no guarantee for admission

For official use only

Certified that I have checked the application form and the relevant papers are found in order

Admission Incharge

Admitted to Class

Section

Principal

Fee Deposit Receipt No.

Day

Month

Year

Accounts Clerk

Admission No.

Office Assistant