

DRONACHARYA PUBLIC SCHOOL

Managed by : Dronacharya Educational Trust

Registration form Session: 2024-2025

Dear Sir/Madam

I hereby apply for	oly for regisration of my son/daughter to Class													in your institution.																		
To be filled by pa	To be filled by parent in Block Letters only																															
Name of the Student In Block Letters												1					<u> </u>									Т	Τ	<u> </u>	T	Τ	1	
III Block Letters			1		-	-	-			-		1																			1	I
Date of B Attach D.O.B. P	ate of Birth Gender D.O.B. Proof (Male/Female)																															
Father's/Guardian's Name In Block Letters																											I					
Educational Qualification														Anr	ıua	l Inc	on	ne														
Office / Works Address																																
Phone No.																												I				
email																										I	I					
Mother's Name In Block Letters																										I	I		L			
Educational Qualification		Annual Income																														
Office / Works Address																																
Phone No.																											L					
email																																
Permanent Home Address																										L	\mathbb{L}	\mathbf{L}				
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Phone																											\mathbb{L}	\mathbb{L}				
Category SC/ST/BC/OBC/General													(Cast										_		_						
Name of the School Last Attended																																
Class	Year G										Gr	rade/Percentage%									Medium of Instruction											
Level of the School Play school/Secondary Sr. Secondary														Recognised by (Name of the Board																		
Particulars of Student's F																																
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I declare the particulars given above are true to the best of my knowledge and nothing has been concealed there from.

UNDERTAKING LETTER FOR FEE PAYMENT

I/We the undersigned as parents/guardians of hereby confirm that we as parent/s have studied the conditions of admission of my ward to Class/Grade and promise that I/We shall abide by the school rules.

I/We as parents hereby undertake to pay school fees on time, failing which we understand that my ward's name will be struck off from the School.

This letter of indemnity is binding on me/us and student/s.

Name of Father/Guardian

Name of Mother/Guardian

Signature

Date: