

## HAL PUBLIC SCHOOL

(Affiliated to CBSE, Delhi)
Suranjandas Road,
Bangalore-560017
Ph: 080-25220762

Please Affix Passport Size Photo

A	PPLICATION FOR ADMISSION TO _	A.Y	
Application N	0.:		

## NOTE:

- 1. Application form to be filled in BLOCK LETTERS.
- 2. Registration does not guarantee admission.
- 3. Influence directly or indirectly will be reason for disqualification.
- 4. Registration form with incorrect information/incomplete/no signature of the parent/guardian will not be considered.
- 5. No enquiries either in person or telephone will be entertained regarding admission.
- 6. Enclosures required:
  - a) Copy of the Birth Certificate
  - b) Copy of Caste Certificate in case of SC/ST/OBC
  - c) Copy of Half Yearly /Model/Annual Examination Marks obtained in previous schools in previous class
- 7. TC to be duly attested by concerned authorities in case of Inter State transfer.

## **REGISTRATION FOR ADMISSION**

1.	Name of the Pupil		
2.	Date of Birth	D D M M Y E A R	
3.	Age on 1st June 20	Years Months	
4.	Gender (Please tick)	Male / Female	
5.	Category (Please tick)	General / SC / ST / OBC	
6.	Mother Tongue		
7.	Religion / Sub Caste		
8.	AADHAR Card No.		
9.	Parent (Please tick)	HAL / NON HAL	
10.	If HAL (Please tick)	Father / Mother	
11.	Father's Name P.B. No. Designation Division Telephone Nos.	Office : Mob :	
12.	Mother's Name P.B. No. Designation Division Telephone Nos.	Office : Mob :	

	If Non HAL,			
	Father's Name			
13.	Position Held & Organization			
	Annual Income			
	Telephone Nos.	Office : Mob :		
14.	Demonts' Desidential Address			
1 1.	Parents' Residential Address			
		Telephone No		
15.	Brothers or sisters studying in this school (please tick)	Yes / No		
16.	If yes,	1)		
	Name & Class	2)		
	i) Class, Name &			
1 77	Address			
17.	of the previous school in which the pupil is studying			
		100D / 0D0D / 0D1DD		
	ii) Board	ICSE / CBSE / STATE		
18.	Reasons for preference			
	to this school			
CO-ORDINATION BY DIVISIONAL HR DEPT. (FOR HAL)				
As p	per personal records, this is to cer	rtify that Shri./Smt		
is working in HAL and the name of his / her child is				
and the child's date of birth is				
Signature of HR Head				
		Seal Ph. No		
FOR OFFICE USE ONLY				
Date of Appl. Received:				
Date of Assessment.:		Score in Assessment:		
Ι	Date of Admission :	Admitted to Standard :		
		Principal		