



HAL PUBLIC SCHOOL
(Affiliated to CBSE, Delhi)
Suranjandas Raod,
Opp. HAL Management Academy
Bangalore-560017
Ph : 080-25220762

Please Affix
Passport Size
Photo

REGISTRATION FOR ADMISSION TO LKG - Academic Year _____

Registration No. : _____

Date of Issue : _____

NOTE :

1. Application form to be filled in **BLOCK LETTERS**.
2. Duly filled in form should reach the office on or before _____.
3. Registration does not guarantee admission.
4. Registration form with incorrect/incomplete/no signature of the parent/guardian will not be considered/ accepted.
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

1.	Name of the Pupil	:	_____
2.	Date of Birth (in figures)	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y E A R
	(in words)	:	_____
3.	Age on 1 st June 20__	:	_____ Years _____ Months
4.	Aadhar Card No.	:	<input type="text"/>
5.	Gender (Please tick)	:	Male / Female
6.	Religion / Sub Caste	:	_____
7.	Category (Please tick)	:	General / SC / ST / OBC - Cat 1, Cat 2A, Cat 2B, Cat 3A, Cat 3B
8.	Mother Tongue	:	_____
9.	Father's Name	:	_____
	a) Educational Qualification	:	_____
	b) Designation	:	_____
	c) P.B. No.	:	_____
	d) Annual Income	:	_____
	e) Organisation/Division	:	_____
	f) Office Address	:	_____
	g) Telephone Nos.	:	_____
		:	Office : _____ Mob : _____

10.	Mother's Name	:	_____
	a) Educational Qualification	:	_____
	b) Designation	:	_____
	c) P.B. No.	:	_____
	d) Annual Income	:	_____
	e) Organisation/Division	:	_____
	f) Office Address	:	_____
	g) Telephone Nos.	:	_____
		:	Office : _____ Mob : _____

11.	Parents' Residential Address	:	_____
		:	_____
		:	_____
		:	Telephone No. (Res.) _____

12.	Siblings studying in this school (please tick)	:	Yes / No
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	(a) If yes, Name & Class	:	(1) _____
		:	(2) _____
		:	_____

	(b) Do you wish to be considered under sibling quota (please tick)	:	Yes / No
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Parent's/Guardian's Signature

CO-ORDINATION BY DIVISIONAL HR. DEPT.

As per personal records, this is to certify that Sri. / Smt _____ is working in HAL as permanent / contract employee and the name of his / her child is _____ and the child's date of birth is _____.

Signature of Applicant

Signature of HR Head
Seal

FOR OFFICE USE ONLY

Received on : _____ Eligible / Not Eligible : _____

Admitted to Std. : _____ Admission No. : _____

Date of Admission : _____

Principal
Seal