## P.R.Pote Patil International School, Amravati

( C.B.S.E affiliation no.1130179 )

Gajanan Township, Kathora Road, Amravati

Email: prpotepatilint.school@gmail.com

Mob. 9421820737,9405707486

4. Place of Birth:  5. Religion:  7. SC ST OBC GEN  7. Blood Group:  8. Nationality:  9. Mother Tongue:  10. Annual Income:  11. Address with code:  Permanent  Present  Tel(with STD Code)  Mobile No:  Email.ID  3. Father's Name:  14. Educational Qualifications of Father:  Mother's Name:  15. Educational Qualifications of Mother  Father's Office Address (If any)  Mother's Office Address (If any)	REGIS	TRATION FORM	
2. Date of Birth:	REGISTRATION NO.		Latest Photograph to be affixed
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7. Blood Group: 8. Nationality: 9. Mother Tongue:  10. Annual Income:	2. Date of Birth:  4. Place of Birth:	3. Sex : Male	Female :
10.Annual Income :	6. Caste :  7. Blood Group :  8. Nationality :		
Tel(with STD Code)  Mobile No:  Email.ID  3. Father's Name:  Occupation:  14. Educational Qualifications of Father:  Mother's Name:  Occupation:  15. Educational Qualifications of Mother  Father's Office Address (If any)  Mother's Office Address (If any)	10.Annual Income :		
Mobile No:    Email.ID	Permanent	Pre	esent
Mobile No:    Email.ID			
3. Father's Name : Occupation :   14. Educational Qualifications of Father : Occupation :   15. Educational Qualifications of Mother   Father's Office Address (If any) Mother's Office Address (If any)	Tel(with STD Code)		
14. Educational Qualifications of Father :  Mother's Name :  15. Educational Qualifications of Mother  Father's Office Address (If any)  Mother's Office Address (If any)	Mobile No :	Email.ID	
Mother's Name : Occupation : 15. Educational Qualifications of Mother Father's Office Address (If any) Mother's Office Address (If any)	13. Father's Name :	Occupation:	
15. Educational Qualifications of Mother   Father's Office Address (If any) Mother's Office Address (If any)	14. Educational Qualifications of Father :		
Father's Office Address (If any)  Mother's Office Address (If any)	Mother's Name :	Occupation :	
	15. Educational Qualifications of Mother	_	
Tel(with STD Code) Tel(with STD Code)	Father's Office Address (If any)	Mother's Office	Address (If any)
Tel(with STD Code) Tel(with STD Code)			
	Tel(with STD Code)	Tel(with STD Code)	

16. Name of Local Guardian :		
17. Occupation : 18. Relationship with Local Guardian :		
19. Address of Local Guardian with Pin Code.		
Residential	Office	
Tel(with STD Code)	Tel(with STD Code)	
20. Whether any of your relatives working / studying in this school : Staff Student		
21. Particulars :		
22. Whether the Student weeds School Due feetlite. Wes Ves / No.		
22. Whether the Student needs School Bus facility: Yes / No		
If yes, write the preferred Boarding Point :		
I hereby confirm that the information furnished above are true to best of my knowledge and belief.		
Date :		
Place :	Signature of the Parent/ Guardian	
Note:		
1. Self Addressed Stamped Cover must be submitted along with the application.		
2. Copy of Adhar card		
2. Attested Copy of the Birth Certificate.		
3. Two Color passport size photographs		
4. Mark Sheet / Report Card of previous school		
5. Migration Certificate ( If applicable )		
6. Incorrect and Incomplete Application will be rejected.		
FOR OFFICE USE ONLY		
Date of Application received :	•••	
Date of Admission :		
Parent / Guardian (specify relation) who accompany the child :		
Remarks:		
Signature of Superintendents	Signature of the Principal	
Adm. No.:		