



ARMY PUBLIC SCHOOL

AGRA CANTT.

Reg. No.

REGISTRATION FORM

(All entries in capital letters)

CONTACT PROGRAMME

Date :
 Timing :
 Day :

Passport size
 colour photograph
 of the family
 to be affixed

Issuance of this form
 does Not ensure Admittance

Class :

Child's full Name First Name

Last Name

Date of birth

(in figures)

In words

(DD)

(MM)

(Year)

Sex (M/F)

Place of birth Dist State

Child's nationality : Mother Tongue

Class & School previously attended :

Father's Details

First Name

Last Name

Academic Qualification

Rank / Designation / Occupation

Annual Income

Office Address

Tel. No. Off. Resi.

Fax No. Mob. No.

Present Residential Address

Tel. No.

Signature

Mother's Details

First Name

Last Name

Academic Qualification

Rank / Designation / Occupation

Annual Income

Office Address

Tel. No. Off. Resi.

Fax No. Mob. No.

Present Residential Address

Tel. No.

Signature

Note :-
 - Defence Personnel : Extract of their record of service duly attested by their CO.
 - Birth Certificate issued by Military / Civil Hospital as well as by Municipality / Village Panchayat.
 - Aadhar Card of the Child