



BNNR PUBLIC SCHOOL

At/Po-NIAL , AUL ,Distt- KENDRAPADA , ODISHA-754219

(Affiliated to CBSE ,Delhi. Affl.No-1530290 / School No-15906)

Email:bnnrpublicschoolaul@gmail.com , Website-http://bnnrpublicschoolaul.com Mob-9090351256

PEN/ID..... SL.No-/2024-25 Receipt No-.....

ADMISSION FORM

Affix photograph of
Father

Affix photograph of
Mother

Affix photograph of
Student

Admission Date.....

Admission No.....

Admission Required For Std -.....

Academic Session:.....

We F M
wish to admit our Son/Daughter /Ward (Whose Particulars Are Given Below As A Day Scholar Of BNNR Public School)

A-Information Of The Child

First Name (CAPITAL)-

Gender-

Middle Name –

Date Of Birth-

Last Name -

(In Words)

Blood Group-

Religion-

Caste-

Nationality-

Aadhar Number-

PTO-1

Community- GEN/SEBC/OBC/SC/ST/Others-

Mother Tongue-.....

Language Known –

Residential Address -

.....

.....

.....

Correspondence Address- -

.....

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Father' Name -

Mother's Name.....

Email Id -

Email Id –

Distance From School (in Kms) –

Preserved Phone Number For School Sms –

Emergency Contact Number –

Name Of The Person To Be Contacted –

His/her Mobile No-

Relationship –

B.FAMILY INFORMATION

Father/Guardian Name-

Age-

Nationality-

Educational Qualification-

Institution/Dept-

Occupation-

Office Address-

Designation -

Annual income-

Aadhar No-

Telephone/Mobile-(1)

Mobile-(2)-

Mother/Guardian Name-

Age-

Nationality-

Educational qualification-

Institution/Dept-

Occupation-

Office Address-

Designation –

Annual income-

Aadhar No-

Telephone/Mobile(1)-

Mobile-(2)-

Single Parent: (Tick one, only if applicable)

Father

Mother

If Child Is Sponsored:

Name Of Sponsoring Agency –

Permanent Address – At.

Po-

P.S-

Distt-

Odisha-

Pin Code-

Single Child- Yes/No

Single Girl Child- Yes/ No.....

Details Of Brothers/Sisters Of Student-

Name-

Age-

Name Of The Institution –

Standard-

Name-

Age-

Name Of The Institution –

Standard-

In Case Of Staff ward :- Yes/No (Give details)

(Name Of the Parent With complete Address)-

C. DETAILS OF PREVIOUS STUDY

Year	School	Standard	Marks Obtained/%

The Previous School Affiliated To (State Board/CBSE/ICSE/BSB/IB/Other)-

Awards Won So Far In Sports ,Arts Or Academics, If Any-

D.MEDICAL HISTORY OF THE CHILD

Birth Details – Normal/Caesarean/ Forceps-

Birth Cry- Immediate/ Delayed-

Discharge from Hospital- (Number of Days)-

Specialize Care Given into Hospital:- Yes/No-

If Yes , NICU -

Extended Hospital Stay –

Explain -

Hearing – Any Difficulty Observed: Yes/No-

Any Consultation With Doctor Done : Yes/No-

If Yes, Explain –

Vision- Any Consultation With Doctor Done : Yes/No-

Use of Spectacles/Corrective Lenses-Yes/No-

Motor Milestones (Approx Months):

Sitting-

Standing-

Walking-

Speech-

Any Medication Taken For General Well Being:- Yes/No-

Any Medication Taken For Any Medical Conditions:- Yes/No-

Any College/Medical Information That School Should Be Aware Of:- Yes/No-

E.ENCLOSURES(All The Documents Are Mandatory at the Time Of Admission)

1. Birth Certificate of Child Xerox (self attested)
2. Transfer/Leaving Certificate with Conduct Certificate (original)
3. Blood Group Report (original)
4. Pass Port Size color photo of the Child -3
5. Pass Port Size color Photo Of The Parent (F&M)-2
6. Aadhar Card Xerox Copy Of The Parent (F&M) (self attested)
7. Aadhar Card Xerox Copy Of The Child
8. Community/Caste Certificate Xerox-GEN/SEBC/OBC/SC/ST (self attested)
9. Income Certificate of Parent Xerox (self attested)
10. Undertaking by Parent, if any of the above, not available at the time of Admission.

F.MISCELLANEOUS

How Did You Hear About The BNNR Public School.

Name Of The Source :-

New staff

School Website

Hording/pamphlets

Declaration:

I,..... Have The Authority To Admit My Ward..... Into The School As The Parent/Legal Guardian. I Undertake The Responsibility Of Providing Any Evidence Needed To Support The Information Provided Here, If Necessary For Any Reason. I Declare That The Statements Provided In This Application Are Correct To The Best My Knowledge And If Found Otherwise, I Shall Abide By The Decision Of The Management/ the School Authorities. I Agree To Abide By The Rules, Regulations & The Fee Structure Of The School.

Place-

*

Date-

Signature Of The Parent/Guardian.

FOR, BNNR PUBLIC SCHOOL OFFICE USE ONLY

Admission Co-Ordinator Name-

Date-

Remarks

(Signature)-

Head Of The Institution Name-

Remarks

(Seal & Signature)

Date-

Record/SL. No.& Date-

Receipt No & Date-

Signature Of The Office Clerk/Accountant-

(School Seal)

-----**BEST OF LUCK**-----

