



Sri Adichunchanagiri Shikshana Trust ®

BGS NATIONAL PUBLIC SCHOOL

Ramalingeswara Cave Temple, Hulimavu, Bannerghatta Road,
Bengaluru – 560 076. Ph: 26484933 / 34

Please paste
recent passport
size colour
photograph here

Admission No.:(office use)

Reg. No.:

Application Form for Class :

1. Name of the Student (Block letters) :

(First name / Middle Name / Last Name)

2. Date of Birth i) Figures :

ii) Words :

3. Gender : Male / Female :

4. Name of the school last studied:

i) Mention the class last Studied:

ii) Mention the subjects Studied: (1)1st Lang (2)2nd Lang

(3) 3rd Lang (4) (5) (6)

5. Mention the language you would like the student to study

i) As second language : Kannada / Hindi:

ii) As third language : Kannada / Hindi / Sanskrit (other than second language):
.....

6. Details of Brothers / Sisters:

Sl. No	Name	Brother / Sister	Age	Class	Name of the School
1					
2					
3					

7. Details of Parents:

	Mother	Father
a) Name (Block Letters)		
b) Qualification		
c) Profession / Designation		
d) Department with full address & Phone No.		
e) Residential Address with Phone No.		
f) Mobile No.		
g) Annual Income		
h) E-mail I D		

8.Caste :

9. Do you belong to SC / ST / OBC If yes mention the sub caste:.....

10.Mother Tongue:

11.Nationality / Religion :

We hereby certify that information furnished by us is correct and agree that registration of our ward is no guarantee of admission in to the school and registration fees paid is not refundable. In case our ward is admitted, we will abide by the rules and regulations of the school. Payment of fees will be made as per the schedule. We know that fees once paid will not be refunded or adjusted.

Date:

Signature of Mother:

Signature of Father:

For office use

Fees paid through Cash / DD No dated For ₹.....

vide receipt no Admitted to Class.....

Dated:

I/C Admission

Principal