

Admission No. _____

BLOOMING BUDS

PLAY SCHOOL OF

DAV SECTOR-7, ROHINI

CONTACT AT : 011-71445801 , 46054892,8595003414



Candidate's Photograph

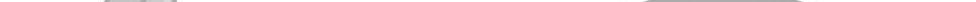
Father's Photograph

Mother's Photograph

ADMISSION FORM FOR PLAY SCHOOL

Name of the Student : _____

Date of Birth :	<input style="width: 20px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>
	Date	Month	Year			

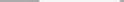
In Words : 

Gender Male Female

Aadhar No.

Residential Address: _____

Details of Parents :

Father's Name :  **Aadhar No.:** 

Tel. No. (Residence) : Mobile No.

E-mail Address :

Educational Qualification :

Occupation : _____ **Designation** _____

A. Mother's Name : _____ **Aadhar No.** _____

Tel. No. (Residence) : _____ **Mobile No.** _____

E-mail Address:

Educational Qualification:

Occupation: _____ Designation: _____

In case of emergency person to contact :

Name _____

Ph no. _____

D. Medical Information

Does the child have some special needs? If yes give details.

F. Doctor's Name: _____ Contact No.: _____

E. Is the school transportation required? (Tick whichever is applicable)

Yes

No

Signature of Father

Signature of Mother