



1845

# REGISTRATION FORM

## SAI APPLEWOOD PUBLIC SCHOOL

(Under the Aegis of Applewood Education Foundation)

R.K. Puram, New Shivali Road, Kalyanpur, Kanpur - 208 017  
Phone: 09235416839 • Email: saiapplewoodschool@gmail.com

ISSUE OF REGISTRATION FORM DOES NOT ENSURE ADMISSION

Form No.  
APS /  
45

Estd. 2005  
The Principal  
Sai Applewood Public School

Scholar Reg. No. \_\_\_\_\_

I am applying for the admission of my son/daughter to class \_\_\_\_\_ of 20\_\_\_\_ to 20\_\_\_\_ academic session.

Recent  
Passport  
Size  
Photograph  
of Parents

1. Name of the Child \_\_\_\_\_

2. (a) Date of Birth in (fig.) \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

(b) Date of birth in words \_\_\_\_\_

(c) Age as on 31-03-20\_\_\_\_ years \_\_\_\_\_ Months.  
(Xerox copy of birth certificate/Aadhar should be attached.)

(d) Aadhar No. \_\_\_\_\_

(e) Category: Gen  SC  ST  OBC  EWS  Disabled  S.G. Child

(f) Sex : Male  Female  (g) Blood Group \_\_\_\_\_

3. Name and address of the last school attended with class: \_\_\_\_\_

4. Last School Board (CBSE / ICSE / any other) \_\_\_\_\_

5. (a) Result for the last examination: \_\_\_\_\_ (b) Percentage: \_\_\_\_\_

6. Whether the transfer certificate is attached YES / NO.  7. Date of T.C. given \_\_\_\_\_

8. Mother Tongue: \_\_\_\_\_ Home Town: \_\_\_\_\_

9. Details of Parents

	Mother	Father
नाम (हिन्दी) Name (English)		
Nationality & Occupation		
Name of office and full address with mobile no.		
Full residential address with mobile no.		
Permanent address		
Annual Income		

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# REGISTRATION SLIP

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Name \_\_\_\_\_ Class \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother Name \_\_\_\_\_

Current School \_\_\_\_\_

Date of Entrance Exam \_\_\_\_\_

Recent  
Passport  
Size  
Photograph