



**BIRLA BALIKA VIDYAPEETH™
PILANI – 333031 (RAJASTHAN)
(Residential Girls' Public School)**

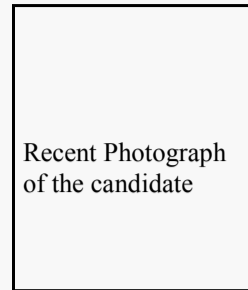
For Office Use Only

Registration Fee received vide
Receipt No.:
Dated:

Form No.:
Registration No.:

REGISTRATION FORM

Session:



Candidate's Information:

First Name:

Middle Name:

Last Name:

Group Preference (Only for class XI) - Mandatory

1. Science 2. Commerce 3. Humanities

Name of Last School Attended :

Result of last exam in previous school: Passed / detained: CGPA / Marks Obtained :

Medium of instruction in last school attended: Annual Income of Parents : Rs.

Proficiency in games/ co-curricular activities:

AADHAR Card No. : Passport No. :

Any sibling studying in school: Name.....Class.....A/c

If applied for the admission earlier , then Class:..... Year:.....

Current Class: Class Applying for:..... Category (General/ SC/ ST/ OBC (supported by a certificate)):

Date of Birth: In words:

Blood Group:.....| Vision :| Height : cms | Weight : Kg

Father's Details:

Name:.....

Qualification:.....

Occupation:

Name of Organization:.....

Designation:

E-mail id:

Contact Nos:

Mother's Details:

Name:.....

Qualification:.....

Occupation:

Name of Organization:.....

Designation:

E-mail id:

Contact Nos:

Permanent Address:

Address Line 1:.....

Address Line 2:.....

City:Distt:.....

State:Country:.....

Postal Code:

Residential Phone No.:

Correspondence Address:

Address Line 1:.....

Address Line 2:.....

City:Distt:.....

State:Country:.....

Postal Code:

Residential Phone No.:

Tick the document(s) attached:

Transfer Certificate Birth Certificate Marks Sheet Migration Certificate

Registration fee Rs. 1000/- is paid by Bank Draft No. dated drawn in favour of **PRINCIPAL, BIRLA BALIKA VIDYAPEETH, PILANI** on UCO Bank / State Bank of India / State Bank of Bikaner and Jaipur / Bank of India / ICICI Bank / YES Bank, Pilani.

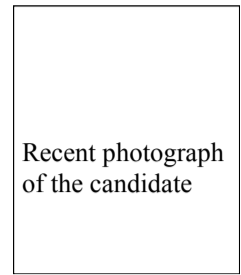
I certify that the above information is correct.

- Note**
- Incomplete forms will not be accepted.
 - For admission to class XI, result of class IX and X to be submitted.
 - Medical Certificate , Birth Certificate and half yearly exam marksheet of last class is to be submitted along with the form. **Date:**.....

Full Signature of Parent / Guardian

<u>ADMIT CARD FOR SHOLASTIC LEVEL ASSESSMENT</u>		
For Office Use Only:	(To be filled by the candidate)	
Form No.	Name of the Candidate	
Registration No.	Father's Name	
Receipt No.	Admission sought to class	
Dated	Center:	
DD Amount Rs.	Signature of the Candidate.....	
Signature Cashier		
Date of Test/...../.....		
		PRINCIPAL Birla Balika Vidyapeeth, Pilani

MEDICAL CERTIFICATE



Certified that Miss.....D/o
Aged..... is free from any constitutional and hereditary disease or infirmity. I further certify that the child is not subject to any deformity or mental defects or such troubles as insomnia or sleep walking, fits or convulsions and bed-wetting.

(Any major surgical operation and any allergy to certain medicines may please be indicated)

Date:

Signature:

Place:

Seal

(To be signed by a registered medical practitioner not lower than M.B.B.S.)