

SETH TOLARAM BAFNA ACADEMY

Nokha Road, Gangashahar, Bikaner - 334401 (Raj.) Tel. No. - 0151-2270215, 2270579, Fax: 0151-2270008

Application For Registration

S. No.:	Date								
To,									
The Principal,									
Seth Tolaram Bafna Aca	demy,								
Gangashahar (Bikaner) 334401									
Dear Sir,									
Please register my son/daughter/ward for admission in your Academy as per particulars give									
below, which I certify are true and correct. If he/she is selected agree to fully abide by Rules &									
Regulations of the Academy and to pay all school dues regularly.									
Full Name of Student (Block letters)	·								
Date of Birth	: DateMonthYearPlace of Birth								
Class in which Presently studying	:Class to which admission in sought								
[ADMISSION PROCESS WILL BE INITI	ATED SUBJECT TO AVAILABILITY OF VACANT SEAT IN THE RESPECTIVE CLASS]								
Full Name of Father	:								
Tull Name of Father	•								
Permanent Address	;								
Present Address	:								
	:								
	•								
	Mobile & Ph								
Name & Address of school last attende	ed :								
& curriculum followed									
(ICSE/CBSE/Raj. Board) Etc.									
Whether the child previously	: (Yes/No)if Yes, year of leaving (STBA)								
studied in this school									

Age		Stud	ent's Fa	amily F	Record - New Admission	<u> </u>				
Occupation Designation Organisation Organisation Oualification No. of children Studying in this school: (Mention only sibling) S.N. Name of the Child Class S.N. Name of the Child Class Institution 1. 1. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	Father's Name			_ Mother's Name	Mother's Name					
Designation Designation Organisation	Age				Age	Age				
Organisation	Оссі	upation			Occupation	Occupation				
No. of children Studying in this school: No. of Children Studying in other school (Mention only sibling) S.N. Name of the Child Class S.N. Name of the Child Class Institution 1. 1. 2. 2. 2. 3. 3. 3. 3. 3.	Designation			Designation	Designation					
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S.N. Name of the Child Class S.N. Name of the Child Class Institution 1.					<u>'</u>					
1.						No. of Children Studying in other school: (Mention only sibling)				
2. 3. 1 Understand and agree the Registration of my son/daughter/ward does not guarantee admission into the and that the Registration Fee is neither transferable nor refundable. [Signature of Parent/One of Par	S.N.	Name of the Child	Class	S.N.	Name of the Child	Class	Institution			
3. I Understand and agree the Registration of my son/daughter/ward does not guarantee admission into the and that the Registration Fee is neither transferable nor refundable. [Signature of Parent/One of Parent/	1.			1.						
I Understand and agree the Registration of my son/daughter/ward does not guarantee admission into the and that the Registration Fee is neither transferable nor refundable. [Signature of Parent/OPPlace : Name in Block Letters Relationship with applicant: Registration must be accompanied by : 1. Registration Fee as applicable in cash. 2. Copy of Birth Certificate of Municipal Authority / Govt. Authority OR T.C. of earlier school. 3. One passport size photograph of applicant. (Please write Name & Application S. No. on reverse)	2.			2.						
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Place: Name in Block Letters Date: Relationship with applicant: This Application must be accompanied by: 1. Registration Fee as applicable in cash. 2. Copy of Birth Certificate of Municipal Authority / Govt. Authority OR T.C. of earlier school. 3. One passport size photograph of applicant. (Please write Name & Application S. No. on reverse) FOR OFFICE USE ONLY:										
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Receipt No. : Remarks : Registration No. STBA/ / 20	1. 2. 3. F(A) R(Registration Fee as applicable in cash Copy of Birth Certificate of Municipal A One passport size photograph of appli OR OFFICE USE ONLY: oplication Received on: eceipt No.:	Authority / icant. (Ple		e Name & Application S. No. or	n reverse)				