



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 Academy,
Gangashahar (Bikaner) 334401**

Dear Sir,

Please register my son/daughter/ward for admission in your Academy as per particulars given 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 : Date _____ Month _____ Year _____ Place of Birth _____

Class in which Presently studying : _____ Class to which admission in sought _____

[ADMISSION PROCESS WILL BE INITIATED SUBJECT TO AVAILABILITY OF VACANT SEAT IN THE RESPECTIVE CLASS]

Full Name of Father : _____

Permanent Address : _____

Present Address : _____

Mobile & Ph. _____

Name & Address of school last attended : _____

& curriculum followed

(ICSE/CBSE/Raj. Board) Etc.

Whether the child previously studied in this school : (Yes/No) _____ if Yes, year of leaving (STBA) _____

Student's Family Record - New Admission

Father's Name _____	Mother's Name _____
Age _____	Age _____
Occupation _____	Occupation _____
Designation _____	Designation _____
Organisation _____	Organisation _____
Qualification _____	Qualification _____

No. of children Studying in this school : (Mention only sibling)			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.			
3.			3.			

I Understand and agree the Registration of my son/daughter/ward does not guarantee admission into the Academy and that the Registration Fee is neither transferable nor refundable.

[Signature of Parent/Guardian]

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 :

Application Received on : _____

Receipt No. : _____

Remarks :

Registration No. STBA/_____ / 20_____