

PLEASE KEEP OUR ADMISSION FORM AS SPECIMEN COPY. THIS IS OUR FIRST PAGE OF ADMISSION FORM

**ARMY SCHOOL BD BARI**  
**APPLICATION FOR ADMISSION**

S.No. **1597**

Admission No. \_\_\_\_\_

1. Full Name of the Pupil \_\_\_\_\_
2. Date of Birth (in words) \_\_\_\_\_  
(in figures) \_\_\_\_\_  
(Authority) \_\_\_\_\_
3. Name of the Father \_\_\_\_\_  
Name of the Mother \_\_\_\_\_
4. Father's Occupation \_\_\_\_\_  
(a) Army/Air Force/Navy \_\_\_\_\_  
(b) Rank \_\_\_\_\_  
(a) Serving/Retired \_\_\_\_\_  
(b) Civilian \_\_\_\_\_
5. Address \_\_\_\_\_  
(a) Official \_\_\_\_\_  
(b) Residential \_\_\_\_\_
6. Father's Income (from all sources) per month \_\_\_\_\_ Ph. No. \_\_\_\_\_
7. (a) Class last studied \_\_\_\_\_  
(b) School in which last studied \_\_\_\_\_  
(c) Medium of instruction \_\_\_\_\_  
(d) Was the school recognized or not ? \_\_\_\_\_  
(e) Examination body to which the school was affiliated \_\_\_\_\_
8. Result of the last examination Passed/Failed \_\_\_\_\_
9. Class to which the admission is sought \_\_\_\_\_
10. Mother tongue of the student \_\_\_\_\_  
Details of transfer certificate attached, if any \_\_\_\_\_
11. Whether Schedule Caste or Schedule Tribe ? \_\_\_\_\_
12. Hobbies: Art, Music, Embroidery, Cutting & Sticking, Science Club etc. \_\_\_\_\_



**DECLARATION BY THE PARENT**

I hereby declare that the date of birth of my son/daughter is \_\_\_\_\_ and other particulars are correct and that I would not demand any change in them at any subsequent date.

\_\_\_\_\_  
Signature of Parents

**ORDERS OF THE PRINCIPAL**

Admit \_\_\_\_\_ in class \_\_\_\_\_  
Section \_\_\_\_\_

**OFFICE REMARKS**

Admitted in \_\_\_\_\_ and allotted section \_\_\_\_\_

Dues paid vide Receipt No. \_\_\_\_\_ dated \_\_\_\_\_

Office seal \_\_\_\_\_

Dated : \_\_\_\_\_

Signature of Supdt. \_\_\_\_\_

**MEDICAL CERTIFICATE**

1. It is certified that Master/ Miss \_\_\_\_\_

Age \_\_\_\_\_ (years) son/daughter of \_\_\_\_\_

Address \_\_\_\_\_

is not suffering from or has been in contact with any contagious disease.

2. He/She has from or has been in contact with any contagious disease.

Protective Inoculation/vaccination \_\_\_\_\_

Date \_\_\_\_\_

(a) Smallpox vaccination \_\_\_\_\_

(b) Triple Antigen (upto 5 years) \_\_\_\_\_

(c) TAB \_\_\_\_\_

(d) Teatnus Toxid \_\_\_\_\_

Date \_\_\_\_\_

Signature of Medical officer \_\_\_\_\_

No. \_\_\_\_\_

Name of Full Address \_\_\_\_\_

**EMPLOYMENT CERTIFICATE**

1. It is certified that Master/ Miss \_\_\_\_\_

Who has applied for admission to class \_\_\_\_\_ in Army School B D Bari

Date of birth \_\_\_\_\_ is the son/daughter of No \_\_\_\_\_ Rank \_\_\_\_\_

Name \_\_\_\_\_ as per service documents who is serving in \_\_\_\_\_

2. He is on regular employment of \_\_\_\_\_

and is being paid out of defence estimates. His pay scale is Rs. \_\_\_\_\_

and his status is equal to that of Offr/ JCO/OR in the army.

Verified \_\_\_\_\_

Signature of commanding officer/  
adm comdt station HQ/Head of Dept.  
(Please affix official rubber stamp)

Head clerk \_\_\_\_\_

Dated \_\_\_\_\_

**EX-SERVICEMAN CERTIFICATE**

1. It is certified that Master/ Miss \_\_\_\_\_

Who has applied for admission to class \_\_\_\_\_ in Army School BD Bari

Date of birth \_\_\_\_\_ is the son/daughter of Ex. No \_\_\_\_\_ Rank \_\_\_\_\_

Name \_\_\_\_\_ as per service documents who was released from

service on pension/discharged on \_\_\_\_\_ (Dated). He is now living at \_\_\_\_\_

(Address)

2. His total income from all sources is Rs. \_\_\_\_\_ per month approx.

Verified \_\_\_\_\_

Dated \_\_\_\_\_

Signature of deputy director sainik  
Welfare Officer/adm. Comdt stn HQ

Signature of deputy director sainik  
Welfare Officer/adm. Comdt stn HQ  
(Please affix official rubberstamp)

**REGISTRATION FORM**  
**ARMY SCHOOL BD BARI**

S.No. **1597**

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

2. Date of Birth (in figures) \_\_\_\_\_ (in words) \_\_\_\_\_



3. Place of Birth \_\_\_\_\_

4. Class and school previously attended \_\_\_\_\_

5. Class to which admission is sought \_\_\_\_\_

6. Name of the Father \_\_\_\_\_ Rank \_\_\_\_\_

Name of the Mother \_\_\_\_\_

7. Official address of the Father/Guardian \_\_\_\_\_

8. Residential Address of the Father/Guardian(if father is deceased) \_\_\_\_\_

9. Occupation \_\_\_\_\_ Annual income \_\_\_\_\_

Date

Signature of Father/Guardian