



BHARAT TIRTHA VIDYALAYA

Gangajoara Bharat Tirtha Foundation

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Est'd -2004

UDISE No.- 9182800103

Govt. S. Reg. No.- S/0157757

Email- bharattirtha2476@gmail.com

Gangajoara, P.O.-Nayabad, P.S.-Narendrapur, Dist.-South 24parganas, Kol-150 State.-W.B. INDIA.

receipt no.-.....

ID No. _____

Pass word _____

Application / Admission Form

For Student of Class _____ Session _____

Affix Recent
passport size
photo

Sir/ Madam,

** (Write bellow all in block letters except signature)**

Date.....

I offer my child for the following class for study. His / her particulars are as follows:

1.Name(in block letter) of Student – _____

(Student personal information)

Vill./Town	Present address	D. of birth	
P.O.		Age	
P.S.		Gender	
Nationality		Category	
state		Ph.No	
Religion		Medical stastus	
No. Religion		Ty. Of abnormality	
NO caste/Category		Need spl. Care	
AADHAR No.		cause	
Land Mark		Last Class attend	
Last School name		Class Admitted	

2. In special /abnormal case student with whom live in – _____

Parent's/ Guardians information			
3.Fathers/G.name		Mothers name	
Occupation		Occupation	
Qualification		Qualification	
permanent Address		Present Address-	
AAdh. No.		AAdh.No.	
E-Mail ID		E-mail ID	
Ph.No.-		Ph.No.-	

4. Document	Birth & transfer certificate if require (Ph.copy)	Recent Photo	4 copy (passport size)
Last Examp Mark sheet if require (Photo. copy)		Address Prove	
		Aadhar card photo copy(if avail.)	
5. Recommends from a respectable person with designation & Sig.(if needed)			

6.Declaration–

I here by declare that the above particulars are true & correct in all respect. I have carefully verified the above particulars . I have read and listen carefully about rules and regulations regarding fees , salaries , and system of the Institution. I agree to Abide by them. Addition and alteration regarding rules shall be also binding on me. Rules are given in separate page which may also variable for the time being and I obey in all respect .

Inspite of normal precautions and necessary measures taken by the school authorities ,any mishap, accident or injury occurs during the period of my ward's stay in the school or during educational tours, excursions or campus as and when arranged by the school , I/we will not hold the institution or any member of the staff wholly or partly responsible for it.

Sig. of Father _____

Full name. _____

Date _____

Sig.of Mother _____

Full name _____

Date _____

8. For office Use only:–

Signature of the Authority _____

Designation _____

Date _____

Remarks with reason

Sig. of Hd. Of the Institution _____