

No. ....

For Office use only

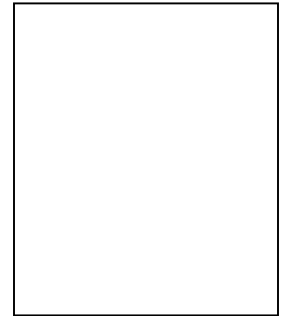
Registration Fee Received vide

Registration No. ....

R. No. .... Dt. ....

Signature .....

**Birla Balika Vidyapeeth, Pilani (Rajasthan)**  
**(Girls Public School)**



**REGISTRATION FORM**

1. Candidates name in Full (Block letters) .....
2. a. Admission sought to class .....
- b. Group Preference (only for class XI) **1. Science    2. Commerce    3. Humanities**
3. Date of Birth (in words) ..... (in figures) .....
4. Father's Name .....
5. Mother's Name .....
6. a. Last school attended .....
- b. Medium of instruction .....
7. Nationality ..... Whether belongs to SC/ST .....
8. Parent's/ Guardian's Name (in full) & Profession .....
- .....
9. Monthly income of parent/ guardian .....
10. Present address (in Block Letters) .....
- .....
- .....
- Tel No. (with STD Code) (O)..... (R). .....
- E- Mail ..... Mob. ....
11. Whether any member of family was associated with this school .....
- .....

12. a. For classes IV to IX & XI Registration fee – Rs 800/-

is paid by Bank Draft No. .... Dated .....

drawn in favour of PRINCIPAL, Birla Balika Vidyapeeth, Pilani  
on **UCO Bank, State Bank of India or State Bank of Bikaner & Jaipur, Pilani.**

I Certify that the above information is correct.

**Signature and Name of Parent/ Guardian (in full)**

**NOTE:**

1. Incomplete form will not be accepted.
2. For class XI group preference is to be mentioned at para 2 (b).
3. Enclose Photocopy of Age Certificate & half yearly/ annual mark sheet.
4. For provisional admission to class XI, half yearly & pre board results to be attached.
5. Medical certificate is to be submitted along with the form.

\*\*\*\*\*Tear Here\*\*\*\*\*

Office use only Form No. .... Registration No. .... Receipt No. ....Dt. .... Rs. .... Cashier Date of Test .....	<b>ADMIT CARD FOR TEST</b> (To be filled by guardian/ candidate) Name of Student ..... Father's Name ..... Admission sought to class ..... Sign of the candidate .....  Pilani Patna Kolkata      Delhi Lucknow <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Passport size photo
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**PRINCIPAL**  
Birla Balika Vidyapeeth, Pilani

**MEDICAL CERTIFICATE**

Certified that ..... is free from any constitutional and hereditary disease on 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, lung trouble, consumption, epilepsy, asthma, tonsillitis 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.)