



TAGORE SENIOR SECONDARY SCHOOL

A Premier, English Medium, Co educational, CBSE Affiliated

www.tagoreschoolbarwa.in

Add.: Barwa, Distt. Bhiwani (Haryana) | Mob : 94160-72024, 94160-72041

tagoreschoolbarwa@gmail.com

Sr. No. Session : Adm. No.

Admission sought (Class) : Date :

Subjects :



PARTICULARS OF THE CANDIDATE

1. Name (in Block Letters) Gender

2. Father's Name (in Block Letters)

3. Mother's Name (in Block Letters)

4. Date of Birth : Day Month Year in word's :

5. Father's/ Guardian's Qualification : Occupation

Caste Category Differently Abled : Yes/ No

6. Permanent Address :

Phone No. :

Aadhar No.:

SRN No.:

7. Enrolment No. from CBSE

8. Name of the Previous School

9. If old student of this school give particulars : Session Class Admn. No.

10. Mode of Conveyance : (Cycle/ Scooter/ Motor Cycle/ Bus)

(If transport facility required : Yes/ No) If yes : From to School

11. Previous Academic Record :

Table with 8 columns: Class, Session, Name of Board/ School, Roll No., Marks Obtd., Total Marks, % age, Division

12. Siblings of the candidate studying in This school : Yes/ No

If yes, Give details : Name Class Roll No.

DECLARATION :

- 1. I promise to abide by the rules and regulations of the school as amended from time to time.
2. I solemnly declare and affirm that the information given above is true to the best of my knowledge and belief...

Signature of Father/ Guardian

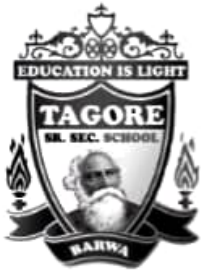
Signature of Applicant

Date of Admission :

Class Incharge (For office use only) :

Principal

Amount Received vide Receipt No. Date Signature



Affiliation No : 531321

School No : 41303

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INDEMNITY BOND BY STUDENT/PARENT/GUARDIAN

I, _____ S/o _____
R/o _____ father of Mr./Miss. _____
here by affirm that my Son /Daughter has taken admission in _____ Class of Tagore Senior Secondary School on _____, bearing Admission Number.

In consideration of my being a bona-fide student of Tagore Sr Sec School, Barwa distt Bhiwani, Haryana.

I undertake and agree that neither I nor my executors administrators or other legal representatives will make any claim against Tagore Senior Secondary School Barwa and its Management or employees in respect of any loss or injury to the property or person including injury resulting in death due to any reason what so ever which may suffer, while or in consequence of my participation in the any activity or activities and I understand that no compensation will be paid by the school. I agree as to bind myself, my executors and administrators and other legal representatives to indemnify the School and its employees against any claim which may be from any third party against them or any of them arising out of any act of default on my part during school hrs or while travelling to and fro or during activities.

Signature of the indemnifier

1. Signature of witness : _____

Name : _____

Address : _____

Date : _____

2. Signature of witness : _____

Name : _____

Address : _____

Date : _____