

BETHANY MISSION SCHOOL

P.O. RUPAHAR, P.S. RAIGANJ
UTTAR DINAJPUR - 733 123, W.B.
AFFIL. To C.B.S.E., DELHI

AFFIL. No. 2430056

SCHOOL No. 08498

REGISTRATION FORM

For Office use only:

SESSION:

REG. NO.

ADM. TEST DATE:

TIME:

[To Be Filled up by the Parents/Guardians Only.]

All entries must be done in CAPITAL LETTERS Only.

STREAM:

1. Candidate's name in full :

2. Adm. sought to Class: (In words)

(In figures)

3. Class last attended:

Year

Passed/Failed

4. Date of Birth: (In figures)

(

(In words)

5. Blood Group:

Nationality:

ST/SC/OBC/GENERAL

6. Physical Status: Normal/Handicapped/ Other

7. Mother's full name:

Occupation:

8. Father's full name:

Occupation:

9. Monthly Income of Father & Mother: Rs.

10. Present Address:

Mobile No.

11. Qualification:

(Father)

(Mother)

12. Full Signature of the Parents/Guardians

13. Date of Application:

Place