



AGARWAL PUBLIC SCHOOL, NAYA RAIPUR

HOSTEL REGISTRATION FORM

(TO BE FILLED IN BLOCK LETTERS)

Scholar No. :	<input type="text"/>	Session	<input type="text"/>	Hostel Registration No.	<input type="text"/>
Full Name of Student	<input type="text"/>				
	(Surname)	(Name)	(Middle Name)		
Class	<input type="text"/>	Sec.	<input type="text"/>	Date of Birth: Date	<input type="text"/>
				Month	<input type="text"/>
				Year	<input type="text"/>

Recent Coloured
Photograph of
Father
duly signed

Recent Coloured
Photograph of
Mother
duly signed

Recent Colour
Photograph of
the Student in
APS uniform
duly signed

Father's Name:	<input type="text"/>	Mother's Name:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>

Correspondence Address:	<input type="text"/>		
	<input type="text"/>		
Telephone No.:	City Code	Office	Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mob. No.	e-mail:		
<input type="text"/>	<input type="text"/>		

Permanent Address:	<input type="text"/>		
	<input type="text"/>		
Telephone No.:	City Code	Office	Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mob. No.	e-mail:		
<input type="text"/>	<input type="text"/>		

Authorized Persons (For Care Taking/Departure/Arrival (Reporting))

Local Guardian 1:	<input type="text"/>	<div style="border: 1px solid black; padding: 5px;"> <p>Recent Coloured Photograph of L.G.1 duly signed</p> </div>	
	(Surname) (Name) (Middle Name)		
Relationship :	<input type="text"/>		
Postal Address:	<input type="text"/>		
	<input type="text"/>		
Mob. No.	<input type="text"/>	e-mail: <input type="text"/>	
Telephone No.:	City Code	Office	Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Signature: <input type="text"/>

Local Guardian 2:	<input type="text"/>	<div style="border: 1px solid black; padding: 5px;"> <p>Recent Coloured Photograph of L.G.2 duly signed</p> </div>	
	(Surname) (Name) (Middle Name)		
Relationship :	<input type="text"/>		
Postal Address:	<input type="text"/>		
	<input type="text"/>		
Mob. No.	<input type="text"/>	e-mail: <input type="text"/>	
Telephone No.:	City Code	Office	Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Signature: <input type="text"/>