

BLUE RIDGE PUBLIC SCHOOL

(Affiliated to the CISCE - MA185 / 2014)

Primary / Secondary Section

UDISE No: 27251006825



Rajiv Gandhi Infotech Park, Phase I,
Near Cognizant, Hinjawadi, Pune - 411 057.
Phone : 9511911623, 9970438833
brps.primary@blueridge.in,
brps.secondary@blueridge.in

FORM NO.	<input type="text"/>	Date of Admission :	<input type="text"/>
G.R. No.	<input type="text"/>	Student's Saral Id :	<input type="text"/>
Enrollment No.	<input type="text"/>	Student's Aadhar No. :	<input type="text"/>

Admission Type : Mark (✓)
New Admission Mid term Admission Others _____

Admission Sought in STD : _____

For Academic Year 20 _____ - 20 _____

Student information :

Name of the child : _____
(As per Aadhar card) First name Middle name Surname / Last name

Date of Birth : ____/____/____ Blood Group : _____ Nationality : _____

Place of Birth : _____

Religion : _____ Caste & Sub-caste : _____ *Category _____

*(Please specify whether OPEN/OBC/SBC/SC/ST/VJNT etc. Document Proof Required)

Gender : _____ Identification mark : _____ Mother tongue : _____

Sibling's Name and Age : _____

Whether studying in BRPS - YES/NO Class in which studying _____

Residential address : _____

Previous School Information :

Name of previous School attended : _____

City : _____ State : _____ Country : _____

School UDISE No : _____ (Applicable only within Maharashtra from std. 2 onwards)

Parent information :

(Please mention names as should appear in all government documents)

Father's Name : _____

Educational Qualifications : _____

Occupation : _____

Contact No : Residence _____ Mobile : _____

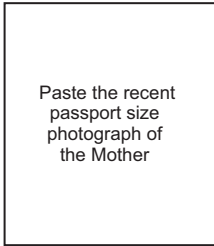
E-mail id. : _____

Paste the recent
passport size
photograph of
the Student

Paste the recent
passport size
photograph of
the Father

FORM FEE NON REFUNDABLE

Mother's Name : _____
Educational Qualifications : _____
Occupation : _____
Contact No : Residence _____ Mobile : _____
E-mail id : _____



Person to be contacted in case of emergency, if parents / guardians are not reachable :-

Name : _____ Contact No.: _____

Relation with parents/child : _____

Name, address & contact no. of child's Pediatrician : _____

Mention if any, serious specific health problem of your child : _____

Parent declaration -I the undersigned hereby agree to abide by the rules & regulations of the school. I shall always accept all the decisions, taken in the interest of my ward, by the school. I agree to my child being seen by the school doctor available or being taken to the hospital should an emergency arise. I am aware that the school authorities will take optimum care of my ward within the school premises & also during picnics & field trips outside the school. Hence I shall not hold the school authorities responsible for any unfortunate accidents/ incidents which are beyond the control of school. **I have understood the fee payment and refund policy of the school and agree to it.**

Date : _____ Place : _____

Parent's / Guardian's Signature : _____

Parent's / Guardian's Name : _____

For office use -

Admission granted to Std. _____

Authorised Signatory
(Principal / Supervisor / Co-ordinator)