

Application for Registration for classes III to X

For the session

Reg. No

BLUE BELLS MODEL SCHOOL

SECTOR-4, URBAN ESTATE, GURUGRAM

(Affiliated to C.B.S.E.)

(vide affiliation no. 530056)

E-mail Id- bbms@bluebells.org

Website: www.bluebells.org/bbms

Sponsored By:

Sh. D.R. Memorial Bal Shiksha Vikas Society (Regd.)

Affix Passport
Size Student
Photograph

Affix
Passport Size
Parents'
Photograph

1. Name of Student (in capital letters) _____
2. Seeking registration for the class _____
3. Date of Birth (in figures) _____ (in words) _____
4. Aadhar No of Student _____
5. Last school attended _____
6. Father's Name (in block letters) _____
 - a. Father's Qualification _____
 - b. Father's Occupation & Designation _____
 - c. Father's Office Address _____
 - d. Father's Mobile No. / Email Id _____
 - e. Aadhar No of Father _____
7. Mother's Name (in block letters) _____
 - a. Mother's Qualification _____
 - b. Mother's Occupation & Designation _____
 - c. Mother's Office Address _____
 - d. Mother's Mobile No. / Email Id _____
 - e. Aadhar No of Mother _____
8. Address for correspondence _____

9. Permanent address and Tel. No. _____
_____ Res. _____
10. Name & Classes of Brothers / Sisters already studying in BBMS, Sector-4 _____

Declaration: I solemnly declare and affirm that I have read all the rules and regulations and I agree to abide by them.

Date: _____

Relation with the Pupil
Signature of Parent / Guardian