



Appendix AD
(Article 343(c) refers)

REGISTRATION FORM FOR ENTRANCE EXAMINATION FOR THE SESSION 2017-18
GENERAL BC JOSHI ARMY PUBLIC SCHOOL, PITHORAGARH (UK)

1. Name of the Child (**In CAPITAL**) _____ Sex _____
2. Date of Birth (In Figures) _____ (In Words) _____
- _____

Age as on 31 March _____ Years _____ Months _____ Days

3. Place of Birth _____
4. Class and School previously attended _____
- _____
5. Class to which admission is sought _____ (As a Boarder / Day Scholar) _____
6. Name of the Father _____ **Rank** (for Army Personnel only) _____
7. Name of Unit/Fmn - _____
8. Cat (For Army personnel only) - Officer, JCOs, ORs _____

9. **Addresses:-**

(a) **Permanent Address**

(b) **Correspondence/Unit Address**

10. Occupation _____ Annual Income _____
11. Tele No _____ Mobile No _____
- E-Mail ID _____
12. **Whether Scheduled Caste / Scheduled Tribe/OBC/General?** _____ **(Att certificate)**

13. **Centre for Admission Test**

(Pithoragarh, Delhi , Noida , Hisar , Ambala , Meerut , Bareilly , Agra , Lucknow , Almora , Ranikhet , Dehradun , Danapur , Ranchi , Kolkata , Guwahati , Sri Ganganagar (Raj), Jaipur, Gwalior , Jabalpur)

14. A Pay-in slip/Tfr slip dated _____ for Rs _____
(Rupees _____) on account of
regn fee is enclosed with this form.

15. Registration Fee Army Officers - Rs 500/-
 Army JCOs & ORs - Rs 300/-
 (Civilians) - Rs 1,000/-

16. Registration fee along with processing fee can also be deposit in School SB Account No-10886654359 (SBI, Pithoragarh Bank Code 0700 Ifs code SBIN0000700).

**Latest
Photograph
of the Child**

Date: -

(Signature of Father/Guardian)

NOTE : AGE LIMIT

For admission to class	The student should complete the under-mentioned years of age on 31 Mar of the year in which admission is sought
VI	10 Years
VII	11 Years
VIII	12 Years
IX	13 Years
X	14 Years

GEN BC JOSHI APS, PITHORAGARH (UTTRAKHAND) (To be filled by School Authorities)

ADMIT CARD FOR ENTRANCE EXAM

Name of the Child _____
Father's Name _____
For Class _____ BD or DS _____
Examination Centre _____

**Latest
Photograph
of the Child**

Date & Time of Examination _____
Signature of Invigilator _____