



VIDYA BHAVAN
PUBLIC SCHOOL, GUNA

CBSE Affiliation No.: 1030274
School Code: 14136



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www.vbps.edu.in

REGISTRATION FORM

SESSION : 2024-2025

REGISTRATION NO. _____

(to be filled by the office)

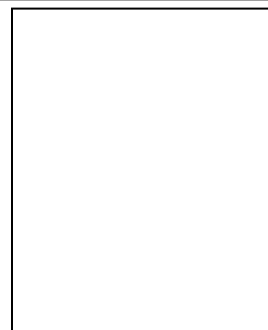
To

The Principal

Vidya Bhavan Public School

Fategarh Road,

Guna (M.P.)



I hereby apply for the admission of my Son/ Daughter in class _____ for the session _____

My complete details are:-

1. Name of the student: _____

(As per Birth Certificate/Transfer certificate)

2. Father's Name: _____ Contact No: _____

(FIRST NAME)

(LAST NAME)

3. Mother's Name: _____ Contact No: _____

(FIRST NAME)

(LAST NAME)

4. Name of the Previous school : _____ Class passed: _____

5. Board: _____

6. Address : _____ Occupation : _____

7. (a) Date of birth in figure: _____

(b) Age: _____ (As per Xerox copy of Birth Certificate to be attached)

Date: _____

Signature of Parent

Note: 1. REGISTRATION FEE IS NON- REFUNDABLE.

2. ISSUE OF REGISTRATION FORM DOES NOT ENSURE ADMISSION.