



**ARMY PUBLIC SCHOOL KOTA**  
**MALA ROAD, KOTA-324001**  
**REGISTRATION FORM**

1. Name of the Child(In Capital letters) \_\_\_\_\_
2. Sex \_\_\_\_\_
3. Date of Birth(In Figures) \_\_\_\_\_  
(In Words) \_\_\_\_\_
4. Class and School previously attended \_\_\_\_\_
5. Class to which admission is sought \_\_\_\_\_
6. Father's No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_
7. Place of posting of Father/Mother and unit \_\_\_\_\_
8. Official address of the Father/Guardian \_\_\_\_\_
9. Residential Address of the Father/Guardian(If father is deceased) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Occupation \_\_\_\_\_ Annual Income Rs \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Father/Guardian