TULI PUBLIC SCHOOL
KORADI CHECK POST, BOKHARA ROAD, NAGPUR
Phone No. 0712-6644323, 314
Email: tuli_publicschool@rediffmail.com

Form No:______  Admission No:___________  Date of Admission_____________

(Fill the Form in Capital Letters)

Information of the Child

Name of the Applicant: ____________________________________________

Father’s Name:___________________________________________________

Mother’s Name:___________________________________________________

Date of Birth: (In Figures) ____________  (In Words) _____________________________

Gender: __________________________________________________________

Class Applied for : ________________________________________________

Stream Class XI Onwards : __________________________________________

Caste / Category (Proof to be Attached) : _______________________________

Sibling Status: ___________________________________________________

Present Address: __________________________________________________

_________________________________________________________________

Mobile No:________________________________________  Landline No:____________

E-mail Address:____________________________________________________

_________________________________________________________________
Previous Academic Record

Name of the School / Address: ___________________________________________________
_____________________________________________________________________
Class: ____________
Marks Obtained: ____________ Grade: ____________

Medical Information Form

(Put √ or x as applicable)

1. Immunization Status _____________________________________________________________
   (Attach a Photocopy of Immunization Card)
   BCG __________________________
   OPT __________________________
   Hepatitis ______________________
   Typhoid ________________________
   MMR __________________________
   Any Other, Specify __________________________
   Blood Group: __________________________
   History about any major illness: __________________________
   Specific Allergies through Medicine / Food: __________________________

Other Details

Father’s Occupation: __________________________
Educational Qualification: __________________________
Office Address: __________________________

Mobile No: __________________________ Landline: __________________________
Monthly Income: __________________________ Annual Income: __________________________
Mother’s Occupation: ____________________________________________________________

Educational Qualification: __________________________________________________________

Office Address: ________________________________________________________________

Mobile No:_____________________________     Landline:__________________________

Monthly Income:_______________________ Annual Income:________________________

**General Information**

1) How did you learn about Tuli Public School?

   (By word of mouth / newspaper/our website/any other source)

   Mention: _________________________________________________________________

2) Why did you choose Tuli Public School?

   _________________________________________________________________

   _________________________________________________________________

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**Declaration**

I, hereby certify that the information given in the Registration Form by me is accurate and complete. I understand and agree that misinterpretation or omission of facts will justify the denial of admission / the cancel of admission / expulsion. I have read and hereby consent the terms and conditions being enclosed in the Registration Form.

Sign of Father / Guardian:__________________________________________

Sign of Mother / Guardian:__________________________________________

Date:______________

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**Note:** The parents are required to attach an attested copy of Birth Certificate and Original Transfer Certificate along with the submission of Admission Form after confirmation of admission in the school.
Interaction with Both the Parents
Remarks: ________________________________________________
_______________________________________________________
_______________________________________________________

Interaction with the Ward
Remarks: ________________________________________________
_______________________________________________________
_______________________________________________________

Interaction with Coordinator
Remarks: ________________________________________________
_______________________________________________________
_______________________________________________________

Remarks by Principal
_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________

Principal’s Signature