

# DON BOSCO PUBLIC SCHOOL

Vayu Nagar (Near D.D. Nagar), Airport Road, Gwalior

**Admission  
open**

**DON BOSCO PUBLIC SCHOOL**  
Nursery to X (CBSE Pattern)

DON BOSCO PUBLIC SCHOOL

Our Students Our Future

co\_56@yahoo.in, donbosco\_gwl.com

75' S 4497



**CBSE  
Pattern**

**NURSERY  
to X**

**Timing : 7.30 AM to 02.00 PM**

**Ph. : 2443941, Mob. : 9630026846, 9109144497**

**Email : donbosco\_56@yahoo.in, donbosco\_gwalior@gmail.com**

**Website : www.donbosco\_gwl.com**



# DON BOSCO PUBLIC SCHOOL

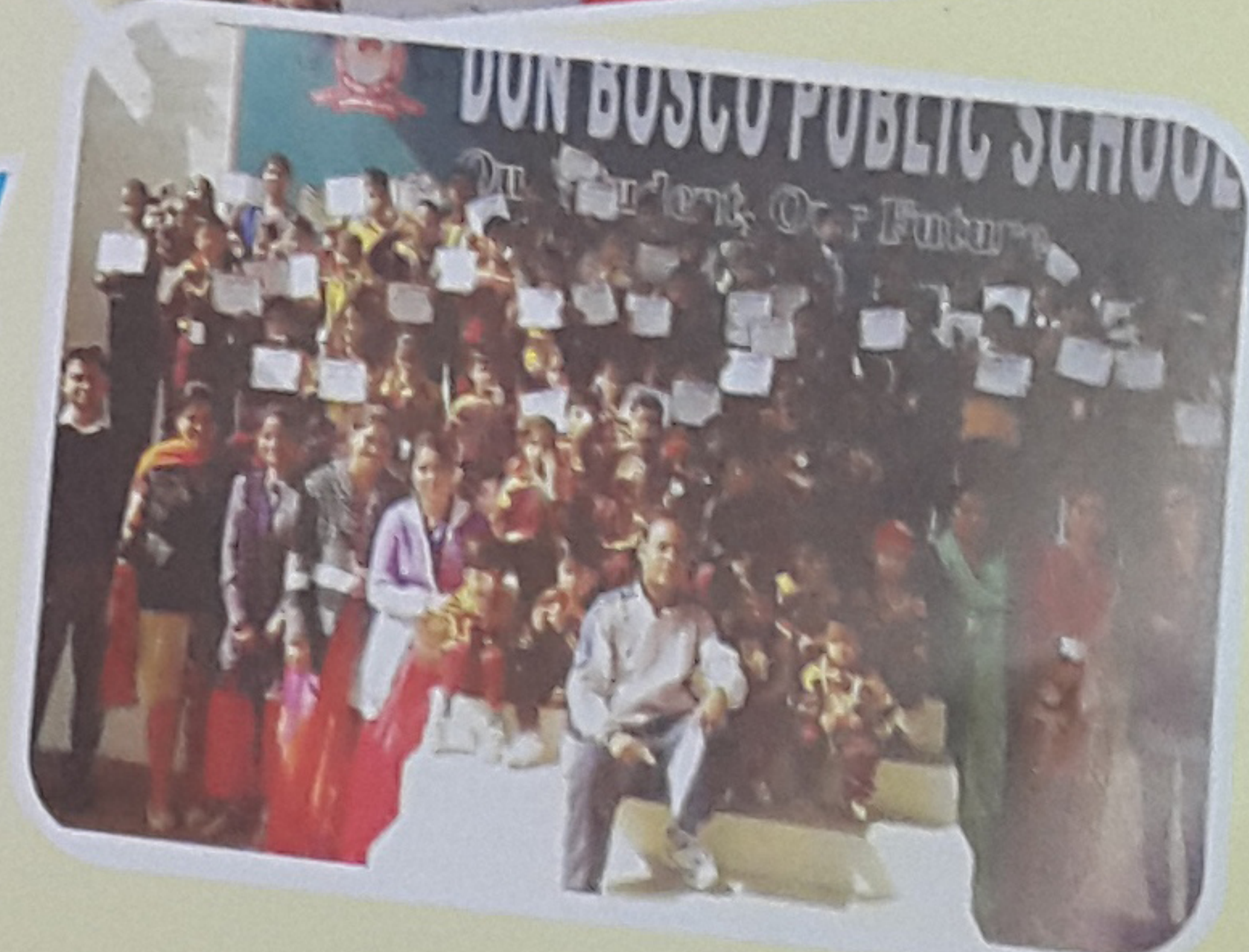
Vayu Nagar (Near D.D. Nagar), Airport Road, Gwalior



**Admission  
open**

**CBSE  
Pattern**

- ◆ Modernised Digital, Theme based Classrooms.
- ◆ Well Trained Teachers.
- ◆ Special Emphasis on Spoken English.
- ◆ Big Campus with play ground.
- ◆ Indoor & Outdoor Games Facilities.
- ◆ Music & Dance Facilities.
- ◆ Emphasis on Basic Skill Development.
- ◆ Teacher students ratio 1:15.
- ◆ Festivals and Birthday Celebrations.
- ◆ Library and Computer Lab.
- ◆ RO, Water Facility.



**NURSERY  
to X**



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# DON BOSCO PUBLIC SCHOOL

VAYU NAGAR, AIRPORT ROAD, GWALIOR-474020 (M.P.)

Ph. : 0751-2443941 (M) 94251 09684

S.No. 505

## ADMISSION FORM

Date \_\_\_\_\_

Admission for Class \_\_\_\_\_

SSSMID No. \_\_\_\_\_

Name of the Student : Master/Miss \_\_\_\_\_

Date of Birth (In Figures) \_\_\_\_\_ (In words ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Education \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Education \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_ PIN            

Telephone \_\_\_\_\_ Mobile (Father/Mother) \_\_\_\_\_

Aadhar No. \_\_\_\_\_

Bank A/c. No. : \_\_\_\_\_ IFSC Code \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Previous Class \_\_\_\_\_

Student's  
Photograph

Father's  
Photograph

Mother's  
Photograph

Caretaker's  
Photograph

Father's Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_ PIN            

Tel. No. \_\_\_\_\_ e-mail \_\_\_\_\_

Family Physician/Pediatrician Name & Ph No. \_\_\_\_\_

Child's Blood Group \_\_\_\_\_ (Attached Blood Group Report)

Name & Identity of the person who will accompany the school every day (Photograph to be submitted to the school along with this form)

Name \_\_\_\_\_ Relation \_\_\_\_\_

Any other information you wish to specify \_\_\_\_\_

I have read and understood all the rules and regulations of the school & I agree to abide them in totality.

Principal's Signature

Signature of Father

Signature of Mother