

BIHAR PUBLIC SCHOOL

Managed by: Lok Bharti Social Welfare Educational Trust Affiliated to C.B.S.E., New Delhi, upto 10+2 level

may be permitted to admit in your Boys/Girls hostel. NAME GENDER: MALE FEMALE Affix your recent self attested pessport size photograph of mother for mot		Marko Araba	
Hostel In-charge / Warden / Superintendent We request that our son/daughter/ward whose particulars are given below may be permitted to admit in your Boys/Girls hostel. NAME GENDER: MALE FEMALE Affix your recent self attested photograph of mother FATHERS NAME MOTHERS NAME ADDRESS OF COMMUNICATION Affix your recent self attested passport size photograph of mother Affix your recent self attested passport size photograph of mother Affix your recent self attested passport size photograph of mother FOR OFFICE USE ONLY DURATION OF STAY: Study Visit Other FOR OFFICE USE ONLY DURATION OF STAY: From To Year Month MODE OF PAY: Monthly Bimonthly Quarterly Half Yearly Yearly		self attested passport size photograph	
MAME GENDER: MALE FEMALE DATE OF BIRTH D M M Y Y Y Affix your recent seed passport story pholograph of mother MOTHERS NAME ADDRESS OF COMMUNICATION Affix your recent self attested passport size pholograph of local guardian AFfix your recent self attested passport size pholograph of local guardian PURPOSE OF STAY: Study Visit Other FOR OFFICE USE ONLY DURATION OF STAY: From MODE OF PAY: Monthly Bimonthly Quarterly Half Yearly Yearly	We request that our son/daughter/ward whose particulars are given below may be permitted to admit in your Boys/Girls hostel.		
DATE OF BIRTH DD MM YYYY FATHERS NAME MOTHERS NAME Affix your recent self attested passport size photograph of mother Affix your recent self attested passport size photograph of mother Affix your recent self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of mother Affix your recent self attested passport size photograph of mother Affix your recent self attested passport size photograph of mother Affix your recent self attested passport size photograph of mother Affix your recent self attested passport size photograph of mother Affix your recent self attested passport size photograph of mother Affix your recent self attested passport size photograph of mother Affix your recent self attested passport size photograph of mother Affix your recent self attested passport size photograph of mother self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of mother self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of local guardian Affix your recent self attested passport size photograph of local guardian	NAME TO BE THE RESIDENCE OF THE PARTY OF THE		
DATE OF BIRTH DD M M Y Y Y Y Y P Passport size photograph of mother FATHERS NAME MOTHERS NAME ADDRESS OF COMMUNICATION LOCAL GUARDIAN NAME ADDRESS OF COMMUNICATION PURPOSE OF STAY: Study FOR OFFICE USE ONLY DURATION OF STAY: From To Year Month MODE OF PAY: Monthly Bimonthly Quarterly Half Yearly Yearly	GENDER: MALE FEMALE,		
FATHERS NAME MOTHERS NAME ADDRESS OF COMMUNICATION LOCAL GUARDIAN NAME ADDRESS OF COMMUNICATION FOR OFFICE USE ONLY DURATION OF STAY: From To Year Month MODE OF PAY: Monthly Bimonthly Quarterly Half Yearly Yearly	DATE OF BIRTH D D M M Y Y Y Y	passport size photograph	
ADDRESS OF COMMUNICATION LOCAL GUARDIAN NAME ADDRESS OF COMMUNICATION PURPOSE OF STAY: Study FOR OFFICE USE ONLY DURATION OF STAY: From To Year Month MODE OF PAY: Monthly Bimonthly Quarterly Half Yearly Yearly	FATHERS NAME	of mother	
LOCAL GUARDIAN NAME ADDRESS OF COMMUNICATION PURPOSE OF STAY: Study FOR OFFICE USE ONLY DURATION OF STAY: From To Year Month MODE OF PAY: Monthly Bimonthly Quarterly Half Yearly Yearly	MOTHERS NAME		
ADDRESS OF COMMUNICATION PURPOSE OF STAY: Study FOR OFFICE USE ONLY DURATION OF STAY: From MODE OF PAY: Monthly Bimonthly Quarterly Half Yearly Self attested pasport size photograph of local guardian Other Half Yearly Yearly	ADDRESS OF COMMUNICATION		
ADDRESS OF COMMUNICATION PURPOSE OF STAY: Study FOR OFFICE USE ONLY DURATION OF STAY: From MODE OF PAY: Monthly Bimonthly Quarterly Half Yearly Self attested pasport size photograph of local guardian Other Half Yearly Yearly			
ADDRESS OF COMMUNICATION PURPOSE OF STAY : Study FOR OFFICE USE ONLY DURATION OF STAY : From To Year Month MODE OF PAY : Monthly Bimonthly Quarterly Half Yearly Yearly	LOCAL GUARDIAN NAME	self attested passport size	
FOR OFFICE USE ONLY DURATION OF STAY : From To Year Month MODE OF PAY : Monthly Bimonthly Quarterly Half Yearly Yearly	photograph		
FOR OFFICE USE ONLY DURATION OF STAY : From To Year Month MODE OF PAY : Monthly Bimonthly Quarterly Half Yearly Yearly			
FOR OFFICE USE ONLY DURATION OF STAY : From To Year Month MODE OF PAY : Monthly Bimonthly Quarterly Half Yearly Yearly	DUDDOOF OF OTAY, OLD IN THE COLUMN TO THE CO		
DURATION OF STAY : From To Year Month MODE OF PAY : Monthly Bimonthly Quarterly Half Yearly Yearly	PURPOSE OF STAY: Study Visit Other		
MODE OF PAY : Monthly Bimonthly Quarterly Half Yearly Yearly	FOR OFFICE USE ONLY		
	DURATION OF STAY : From To Year Month		
SECURITY AMOUNT RECEIPT NO.	MODE OF PAY : Monthly Bimonthly Quarterly Half Yearly Yea	rly	
	SECURITY AMOUNT RECEIPT NO.		

Signature of Hostel In-charge

Cashier/Accountant

TERMS & CONDITIONS

- 1. Child, parents and guardians are bound to the rule and regulations of the hostel.
- 2. Extra fee/fine will be deducted from security deposit, if the child will damage the property of hostel due to any indiscipline act.
- 3. Child will be restricted/terminated from hostel due to any involvement of wrong doing without any
- 4. Once the prescribed fee being paid, it is not refundable at any cost.
- 5. No child will be admitted in the hostel, if the child is suffering from any chronic disease. If such thing is there, it should be informed before admitting in hostel.
- 6. Regular phone calls and frequent visits to child are not allowed at any cost.
- 7. No costly item and food from outside is allowed in the hostel premises given by parents.
- 8. Any type of electronic items like mobile, radio, iPod, video game will be sieged if it will be found with hostellers.
- 9. Hostel is under strict time table and hosteller needs to follow it for daily life like time of bath, breakfast, lunch, snacks, dinner, hair cut day, movie day, rest day etc.
- 10. Hostellers are not allowed to meet their parent without prior permission of hostel superintendent.
- 11. Frequent holidays hamper the growth of the child, so parents are encouraged to take child only in holidays.
- 12. The Hostel Management will not be responsible for any type of mishappening with hostellers due to any natural calamities or unauthorized work done by hosteller like leaving the campus without permission, bringing danger to life through water, fire or poison.
- 13. Parents/visitors are not allowed to enter inside the hostellers' room without prior permission.
- 14. No hostelers / visitors are allowed to enter or exit after 5 pm.
- 15. Parents are not allowed to receive or leave the child from hostel without prior permission.
- 16. Two months prior notice to be given before leaveing the hostel otherwise two month hostel fee will be charged.

DECLARATION:

- 1. We understand the rules and regulation of the hostel for my ward.
- 2. We understand the fee structure and mode of pay during stay of my ward in the hostel.
- 3. If there is any change in my residential address and telephone number, I will inform immediately.
- 4. I hereby certify that my ward and myself shall follow all the rules, regulations and procedures laid down by the hostel from time to time.
- 5 I hereby put my signature to confirm the above declarations

5. I hereby put my signature to confirm the above declars	ations.
Date:	Place:

Signature of Mother

Signature of Father

Signature of Local Guardian