

BALARAM DEFENCE SCHOOL

Office: L.P.-219, Prasanti Vihar Housing Board Colony,
P.O.-KIIT, Bhubaneswar, Orissa.
www.balaramdefenceschool.com



Regd. No. 709/160/02

ADMISSION FORM

01. NAME OF APPLICANT:

02. FATHER'S NAME:

03. PRESENT ADDRESS:



04. PERMANENT ADDRESS:

05. CONTACT NO.:

06. DATE OF BIRTH:

07. HEIGHT:

08. WEIGHT:

09. SEX:

10. BLOOD GROUP:

12. NATIONALITY:

13. RELIGION:

14. MARITAL STATUS:

11. AILMENT IF ANY:

15. LANGUAGE KNOWN:

16. DO YOU ANY POLICE RECORD:

17. BRANCH ADDRESS:

18. WHY DO YOU WISH TO LEARN?

PROMISE FOR STUDENTS

I Mr./Mrs./Miss..... would like to apply for admission in this School. I promise to abide by the rules and regulations of the School and whatever rules formed there after. I also promise; not be imparting the knowledge of "SELF DEFENCE ARTS" to any one without the specific consultation of my instructor and I will be loyal to him.

Date:

Place:

(FULL SIGNATURE OF APPLICANT)

UNDERTAKING FOR PARENTS/GUARDIAN

(IN CASE OF MINORS)

I have no objection to my son/daughter/wife joining in the School and will not hold this School responsible for any accident that may happen to him/her within the School due to this negligence.

Date:

Place:

(FULL SIGNATURE OF PARENTS/GUARDIAN)