

ACADEMIC EYE

School Management System

ONLINE APPLICATION FOR SCHOOL REGISTRATION

Application Number: 4

School Information

School Name	T r a f f o r d P u b l i c S c h o o l
School Type	S e c o n d a r y
Affiliation Number	5 5 4 5 4
School Code	5 6

Medium of Instruction	E n g l i s h
Total Students	1 2 0 0
Total Teachers	6 5
Academic Year Start	A p r i l 1 , 2 0 2 6
Address Line	B i l h e e r i , C h a k a r p u r
City	

	K h a t i m a
District	U .S .N a g a r
State	U t t a r a k h a n d
Pin Code	2 6 2 3 0 8
Principal/Admin Name	P u s h k a r C h a n d
Designation	

	Director
Mobile Number	9 8 9 8 5 5 6 5 6 5
Email Address	pushkarnew@yopmail.com
Aadhar Number	4 1 6 5 4 9 8 4 7 6 5 8
School Logo	

	a s h i s h - p h o t o .j p g
Affiliation Certificate	b a .j p g
Application Status	C o m p l e t e d
Application Date	1 1 / 3 0 / 2 0 2 5