



APPLICATION FOR ADMISSION

20..... 20.....

(Please fill in this form carefully and return to the Office)

Affix a recent stamp size photo

Admission to Class:		Admission No						
1.	Name of the Pupil (BLOCK LETTERS)							
2.	Sex	Male Female						
3.	Place of Birth with State							
4.	Date of Birth: (Copy of Birth Certificate	th: (Copy of Birth Certificate to be attached)						
	(a) In figures Day	Month Year						
	(b) In words							
5.	Age as on 1st June 202							
6.	Religion and Caste							
7.	Whether SC/ST/OBC/ OEC							
8.	Nationality of the pupil							
9.	Name and occupation of Father							
10.	Name and occupation of Mother							
11.	Present Address of Parent:							
12.	Permanent Address of Parent :							
-								

13.	Contact Numbers: (R)		1 10 10	(mob:)		
	E-mail ID:					
14.	Aadhaar No:					
15.	Annual Income:					
16.	Name, Address and occulocal guardian with Phoin in case the pupil is not this/her parent	ne No.,				
17.	Name & Place of the Sch attended	ool previously				
	a. Name of School					
	b. Class					
	c. Date of admission					
	d. Date of leaving					
18.	Mother Tongue of the pr	apil				
19.	No. and Date of Transfe produced on admission	r Certificate				
20.	Is any sibling of the app studying in this school. 'Yes', Name, Class, and	If,				
		Mode of	f Conveyano	ce:		
By S	By School Bus Yes		s		No [
If ye	es, Boarding Point					
		De	claration			
do he	reby declare that the a will obey all the rules	above particu	lars are tr	ue and cor	rect. I pro	mise that my
	:	• • •				
Date:	••••••••••••	•••		Signatur	re of Paren	t / Guardian
		For Offic	ce Use Onl	ly		
Date o	of admission			Admissio	n No	
Class	& Division to which ac	lmitted				