

ADMISSION FORM

1. Full Name of the Student:- _____

Mother's Name _____
2. Class to which admission is sought as a day Scholar _____
Caste _____ Subcaste :- _____
3. Date of Birth (in figures / / 20) _____
In words) _____
Birth Place _____
4. Exact age as on 31st July 2016 _____ of the Academic Year 2016 - 2017
Years _____ Month _____
5. Name of School last attended _____
a) Class _____ Year _____ Medium _____ Progress _____
(Please enclose Xerox copy of marksheet)
6. Full Name of Father :- _____
Address : At/Post. :- _____

_____ Mob.No. _____
Pin Code :- _____ Telephone No. With STD Code _____
7. Name of real brother / sister presently studying or Ex-students of this School.
Name _____ Std _____ Year _____
8. Local Guardians Name & Address _____ Ph.No. _____
9. Up-down i)By School Bus ii)By Bicycle iii)with parent iv)Other
10. Admission :- 1) By Cash Receipt No. _____ Date :-

I hereby declare the above particulars of my son / ward are correct and that I have read the rules of registration, Please admit my sons / wards name for the academic year 20-20

Date :- / /20

Signature of the Father/Guardian

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FOR OFFICE USE ONLY

Clerk
(Admission Section)

Principal