

## **APPLICATION FOR ADMISSION**

(Fill in Capital Letter)

S. No.		Sess	ion 202/	Scl	Scholar No					
Applie	ed for Class:			Ho	lostel : Yes No					
Name in Full:										
Father's Name:										
Mother's Name:										
Photographs:										
ı		1		1		٦				
	Child		Father		Mother					

Boy / Girl  Category : General / SC / ST / OBC / Others  Complete Age : (as on 1st April) YY / MM / DI  Birth Home Town  Ongue Other Languages Known  Oup Identification Markes  Ey Caste  Card No Passport No  School's Name & Place Voor Modium Percentage Roard
Birth Home Town  Ongue Other Languages Known  oup Identification Markes  ty Caste  Card No Passport No  tional Background (Most recent first):
Other Languages Known
Card No. Passport No.  Description of the state of the st
Card No. Passport No.  tional Background (Most recent first):
Card No. Passport No.  tional Background (Most recent first):
tional Background (Most recent first):
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Calacalia Nama & Placa
Class Teal Medium Marks Bourd
cal History / Health Conditions :
/ Learning Disabilities :
ergies, If any :
illness, If any :
Health Condition :
rations Administered to the child (Please Tick) Complete Incomplete
oomplete

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D. About Parents : (Mother)	(Father)
Nationality	
Date of Birth	
Date of Marriage	
Educational Qualification	
Occupation/Profession	
Name of the Organisation	
Office Address	
Phone Number (Office)	
Mobile Number	
Annual Income	
E-Mail ID	
Aadhaar Card No	
Present Address	
	Pin Code
Permanent Address	
	Pin Code
D. Parent's Opinion about their Child	
Temperament and personality :	
Hobbies :	
Qualities you see as important for your child in life :	

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Emergency Contact (In case parel	nts cannot be contacted	<i>(</i> )							
1. Name			Tele. / Mob						
Address									
2. Name	Tele. / Mob. ———								
Address									
Details of real brother/sister									
Name:	Gender	Class	Schoo	ol					
1									
2									
F. Enclosures (Should be se	olf attosted by Pare	ant)		(Tick)					
Birth Certificate	in attested by I are	,		(11011)					
2. Proof of ID and Address									
Assessment Report of Previous School attended (if applicable)									
4. Aadhaar Card (Child/Father/N     5. Medical Report	lother)								
6. Transfer Certificate									
7. Others (Please Specify)									
Date:/		Sig	gn. of Mother						
	POR 0	FFICE USE							
Application Received on :	Registrati	on Number :	——— Receipt Number	r:					
Co-ordinator's Remark :									
Principal's Remark :									
Admission Number	Admitted to Class : _	Session :	202 Dated	:					
Endorsed:			_						
( Co-ordinator )	( Exa	am Cell Incharge )	( Office	Supdt.)					