For Academic Session 202___

NEW STUDENT ADMISSION FORM

Please fill up in BLOCK LETTERS

Personal Information:

1. Full Name of Student : _____
2. Gender : ☐ Male ☐ Female
3. Date of Birth : _____ (DD/MM/YYYY)
4. Category : ☐ General ☐ ST ☐ SC ☐ OBC Other: _____
5. Permanent Address : _____
6. Current Address : _____
7. Aadhaar Number : _____
8. PEN : _____

Parent/Guardian Information:

1. Father's Full Name : _____
2. Fathers' Contact Number : _____
3. Mother's Full Name : _____
4. Mother's Contact Number : _____
5. Guardian's Name (if applicable) : _____
6. Guardian's Contact Number : _____

Medical Information

1. Does the student have any medical conditions? ☐ Yes ☐ No
(If yes, please provide details) : _____
2. Allergies (if any) : _____

Admission Details

1. Class applied for : _____
2. Name of previous school attended: _____
3. Siblings already studying at the school (if applicable): ☐ Yes ☐ No
(If yes, please provide names and classes): _____

DECLARATION

I hereby declare that the information provided above is accurate and true to the best of my knowledge. I understand that false information may lead to cancellation of admission.

_____   _____
Candidate's Signature   Parent's/Guardian's Signature

FOR OFFICE

1. Class Assigned : _____

2. Admission Number : _____

3. Date of Admission : _____

4. Documents Submitted:

☐ Previous School Progress Report

☐ Aadhaar Card Xerox

☐ Transfer Certificate

☐ Passport-sized photographs (×1)

Principal/Vice Principal