



विद्यया या विमुक्तये

ADMISSION FORM

Registration No: Admission to Class: Session:
 Students Name: Gender: M/F/T
 Date of Birth: Place of Birth:
 (DOB in Words):
 Nationality: Religion: Caste:
 Category (Gen/SC/ST/BCA/BCB/Others, if any reserve category provide certificate).....
 Special Interest of the student:
 Father's Name: Mother's Name:
 Occupation: Occupation:
 Educational Qualification: Educational Qualification:
 Contact No: Contact No:
 E-mail Id: E-mail Id:
 Guardian Details (Relation)
 Contact No. Family Annual Income:
 Address:

No. Of Siblings studying in this school (if any) — Name / Class

Previous School Name:

School Transport Required: (if yes, fill Transport form separately):

I/We & Parents/Guardian of
 have read the school's rules and regulations and hereby agree to abide
 by the same. I/we take full responsibility of our/my child to behave sincerely. In case my/our ward is involved in any
 disruptive activities or found guilty of misconduct the disciplinary action taken by the Principal shall be final
 and binding. I/we certify that I am in a position to pay the prescribed fee/funds. I/we hereby declare on oath
 that the above details are correct and true to the best of my knowledge.

Signature of Parents/Guardian Father's Signature Mother's Signature

For Office use only	
Admission to Class:	Admission Incharge
Admission No:	
File No.	Principal
Date:.....	

If anything special to share about the student, please mention here.

(For eg: Academics, Activities, Achievements, Awards, Special Talents, Health, Guardianship etc.)

Documents Check List

1. Admission Form duly completed
2. Photocopy of Birth Certificate
3. One Passport photograph each of mother & father
4. Three Passport size photograph of the child
5. Original Transfer Certificate / Counter signed School Leaving Certificate duly attested (Grade 2 and above)
6. Photocopy of the original mark sheet of last examination passed (Only for the examine age group)
7. Proof of Residence
8. a. Medical certificate to be signed by a certified Medical Practitioner
 b. Details of allergies and any other chronic ailment

Special remarks by the school (if any)

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