



Admission Form 2027-28

Father's Name:	Edn. Qualification:
Mother's Name:	Edn. Qualification:
Guardian's Name (If Applicable):	Edn. Qualification:
Father's E-mail I'd:	Mobile No.:
Mother's E-mail I'd:	Mobile No.:
Father's Occupation:	Mother's Occupation:
Family Monthly Income:	

Is the child physically challenged?

☐ Yes

☐ No

If Siblings are there in this school, Their Details

Name	Class	Registration No.

Previous School Attended

Class Passed

How you (any or both parents) can be beneficial for the school OR Can help the school (any specific qualification/ experience), please specify _____

Medical Problem, If Any _____

Note

1. Please attach the attested copy of Birth Certificate, Residential Proof, Aadhaar Card, Medical Fitness Certificate from a qualified doctor, Blood Group Certificate and five Passport size Photographs.
2. Fill the form correctly and completely. If the form is incorrect or incomplete, it may be rejected.

Undertaking

I/We, _____, father and _____, mother of _____ hereby certify that the information given in the admission form is complete and accurate. I/we understand and agree that misrepresentation, concealment or omission of facts will justify the denial of admission/ cancellation of admission or expulsion.

I/we have understood and do hereby consent to the terms and conditions of the registration. Please register my/our ward named above in your school as a day scholar.

Signature of Father/Guardian

Signature of Mother/Guardian

Father's
Photo

Mother's
Photo

Date : _____

FOR OFFICE USE ONLY

Check-List

- ☐ Birth Certificate
- ☐ Aadhaar Card
- ☐ Address Proof
- ☐ Admission Fee
- ☐ Medical Certificate
- ☐ Blood Group Certificate
- ☐ Previous Class Mark-sheet/ School Leaving Certificate

Information

Class : _____
Section : _____
Registration No.: _____
Received By : _____
Date : _____
Principal's Sign : _____