

ADMISSION FORM

Form No.:

Date:

Admission No.:



Affix passport size photo of the student

STUDENT'S PROFILE:

Name of pupil (In capital letters) : _____

Admission sought for Class : _____ Academic Year : -

Date of Birth : / / Aadhar No.: _____
D D M M Y Y Y Y

Place of Birth : _____ State: _____

Nationality : _____ Religion: _____

Gender : Male Female Caste: BC / SC / ST / HCOC

Residential Address : _____

Pin Code: _____

Mother Tongue : _____ Blood group: _____

Identification Marks : (1) _____

(2) _____

Previous academic record

Name of the previous school & location	Class	Year of Study	Percentage/Grade

Appraisal of your Child

Please mention the achievements, if any, of your child in academics/extra/co-curricular activities

General Behaviour: Mild Normal Hyperactive

Please mention, in brief, if there is any history of previous illness, allergy or physical /psychological illness.

Second language in previous class: _____ Third language in previous class: _____

Second language: Hindi Third language: Hindi

PARENTS' / GUARDIAN'S PROFILE

Mother's
Photo

Father's
Photo

Guardian's
Photo

Signature

Signature

Signature

Particulars	Mother	Father	Guardian
Name			
Qualification			
Occupation			
Organization			
Designation			
Mobile Number			
Aadhar Number			
Email			
Annual income (Rs.)			
Office Contact Number with extn. (if any)			

GRANDPARENTS' DETAILS

Particulars	Grandfather	Grandmother
Name		
Mobile Number		

SIBLINGS' PROFILE

S.No.	Name of the Sibling	Class	Name of the School
1.			
2.			
3.			