 ADMISSION FORM Reg. no.

**Note: The form should be strictly filled by the parents in their own handwriting neatly.**

Paste Photograph

**The following is the information regarding my son/daughter.**

**Class in which admission sought \_\_\_\_\_\_\_\_\_\_**

 **PARTICULARS OF THE CHILD**

**Name of the child (In block letters)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender (M/F):\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of birth (in figures) Date: \_\_\_\_\_\_\_\_Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Inwords)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age as on 1st April 202\_:\_\_\_\_\_\_\_\_\_ Years \_\_\_\_\_Month\_\_\_\_\_ Day.**

**Name of the Previous School attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Blood Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother Tongue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Languages the child can Speak/ Understand: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Aadhar card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**B. PARTICULARS OF THE PARENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Name** |  |  |
| **2** | **Age** |  |  |
| **3** | **Educational and professional qualification** |  |  |
| **4** | **Occupation** |  |  |
| **5** | **Designation** |  |  |
| **6** | **Name of the organization** |  |  |
| **7** | **Monthly Income** |  |  |
| **8** | **Office timings** |  |  |
| **9** | **Name of Business (if applicable)** |  |  |
| **10** | **WhetherOwner/Partner (if applicable)** |  |  |
| **11** | **E-mail ID for communication** |  |  |
| **12** | **Contact Details**  |  |  |

 **FATHER MOTHER**

**C.OTHER PARTICULARS OF THE FAMILY**

**i. Whether the family is joint/single (cross out which is not applicable)**

**ii. Real Brothers/Sisters**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_ Name of the School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_ Name of the School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**iii. Any medical condition that the school should be aware of? YES/NO (cross out which is not applicable)**

**Specify if yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**iv. TICK IF APPLICABLE (SC \_\_\_\_\_ ST\_\_\_\_\_\_ OBC\_\_\_\_GEN\_\_\_\_\_). SUBMIT DOCUMENTS IF ANY OF THEM - SC/ST/OBC.**

**V Food habits in Family : Vegetarian \_\_\_\_\_\_\_\_\_\_ Non vegetarian \_\_\_\_\_\_\_\_\_\_\_ Eggetarian \_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Father/Guardian Signature of Mother/Guardian**

**Note: Submission of the registration form does not guarantee admission, only shortlisted candidates will be called for the admission.**