

Is sibling studying in our school? Yes No

If yes, Name Std Sec

MEDICAL INFORMATION

Blood Group

Personal marks of identification

- 1.
- 2.

Does the child have some special needs? Yes No

(If yes, give details)

I _____ here by declare that the above given information filled is true to the best of my knowledge and I agree to abide by the school rules and regulations.

List of documents submitted:

- 1. Photocopy of Aadhaar Card
- 2. Photocopy of Birth Certificate
- 3. Photocopy of Community Certificate
- 4. Original Transfer Certificate (After Admission)

Date :

Place :

Signature of Parent / Guardian

FOR OFFICE USE ONLY

Admission No

Date of Admission
D D M M Y Y Y Y

Class to which admitted

Recommended by

Remarks

PRINCIPAL

DIRECTOR