

Student Admission Form

Serial No.: _____

School Address : _____

Contact: _____

Student's
Photo

Father's/
Mother's/
Photo

Guardian's
Photo

Name of Student: _____

Surname

First Name

Middle Name

Date of Birth: _____

Date Month Year

Age:

as on
31st March

Years Months Days

Gender: M F

PERMANENT ADDRESS

Village/Town _____ District: _____

State _____ PIN _____

Height: _____ Weight: _____ Kg Blood Group: A B AB O +ve -ve

Ft Inches Cms

Caste: SC ST BC OBC OTHER Religion: _____

Languages Spoken at Home: (1) _____ (2) _____ Mother Tongue: _____

Siblings in the School: _____

Record of Previous Class Attended

S. No.	Name of School	Class		Year		Board CBSE/ICSE/ State	Medium of Instruction	% of Marks in Last Class Passed	Reason for Leaving
		From	To	From	To				

Physical/Mental Disability and Medical History (if any)

S. No.	Type	Details	Present status
1.	PHYSICAL DISABILITY		
2.	MENTAL DISABILITY		
3.	PAST ILLNESS		
4.	ALLERGY		
5.	CHRONIC MEDICAL PROBLEM		

Achievements in Academic/Sports/Co-Curricular Field

S.No.	Field	Year	Event	Details of Prizes/Award/Position

PART - II

PARTICULARS OF FAMILY

S.No.	Particular	Father	Mother	Brother/Sister	Brother/Sister
1.	Name				
2.	Date of Birth				
3.	Edn. Professional Qualification				
4.	Occupation				
5.	Annual Income				
6.	Tel. No. Office with STD Code				
	Mobile				
	Fax No.				
	E-mail ID				

PERMANENT RESIDENTIAL ADDRESS

Flat/House No.: _____ Building Name: _____

Street/Road: _____ Village/Town: _____

City: _____ State: _____ Pin: _____

LOCAL GUARDIAN

Relationship: _____

Address : _____

Contact Resi.: _____ Office: _____

Telephone No.: _____ Mobile: _____ Fax: _____

E-mail ID: _____

I certify that Information furnished above is complete and correct to the best of my knowledge.

Date: _____

Place: _____

Signature of Father/ Mother/ Guardian

For Office use only

Applied for admission in class _____

Granted admission in class _____

Authorised signatory