



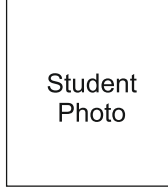
SL No. _____

Admission Date: _____

Day Care	<input type="checkbox"/>	Nursery	<input type="checkbox"/>	LKG	<input type="checkbox"/>	UKG	<input type="checkbox"/>
Class 1	<input type="checkbox"/>	Class 2	<input type="checkbox"/>	Class 3	<input type="checkbox"/>	Class 4	<input type="checkbox"/>

Name of the Student :

(in block letters)



Gender : Male Female TG

DOB : // (in words).....

Father's Name : Occupation :

(in block letters)

Mother's Name : Occupation :

(in block letters)

Father's Aadhaar Card No :

Mother's Aadhaar Card No :

Caste.....Category : ST SC BC OBC GC

Religion..... Blood Group.....

Mother Tongue

Present Address : Village/Street..... P.o.....

P.s..... District..... Pin..... State

Permanent Address: Village/Street.....P.o

P.s..... District..... Pin..... State.....

Mobile No : Whatsapp No :

Mail Id.....

Emergency Contact No.....

Any Birth Mark / Identification Mark 1).....

2).....

Other Information :

(i) Distance From Home

(ii) School Transport : Yes No

(iii) Please List Any Allergies(including food) and Reaction

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Guardian's Bank Details:

Bank NameA/C No.....

IFSC Code Branch Name

I Confirm that to the best of my knowledge and belief, the information provided is both true and correct.”

Student's Signature

Father's Signature

Mother's Signature

Guardian's Signature

Place :Date :