

14. Religion and caste :

15. Whether SC/ST. or OBC :

16. Nationality & State which the child belongs to:

17. Pupil's U.Id. No.:

18. Admission is sought to : ☐ Mon:I ☐ Mon:II ☐ Mon: (One Year)

19. Mother tongue of the child :

20. Date of last vaccination against Tetanus / Diphtheria / Small pox / Polio/ BCG :

21. Family doctor's name:

22. Whether the student is having any physical disability:
If so, Please specify

23. Pupil's Thumb Impression:

DECLARATION

I..... hereby declare that I have carefully gone through the rules and regulations of the general discipline of the school, and that my child will abide by them.

The particulars furnished above are true to the best of my knowledge and belief.

Place

Date:

Signature of the Parent

FOR OFFICE USE

Date of Admission	Admission is given to	Admission No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Admission fee	<input type="text"/>	Receipt No.	<input type="text"/>
Is conveyance required ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is school vehicle available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place	<input type="text"/>
Boarding point	<input type="text"/>		
If there is any other student from the same boarding point, Specify Name & Class:		<input type="text"/>	

Signature of Manager

Signature of Accountant

Signature of Principal