

EDUCATION DEPARTMENT, U.T., CHANDIGARH



(For office use only)

Admission No.....

Date of Admission.....

Affix Passport
Size
Photograph

ADMISSION FORM

ADMISSION/RE-ADMISSION TO CLASS _____

1. Name of the Student : _____
2. Aadhaar No. : _____
3. Gender : Male / Female / Transgender
4. Date of Birth (Christian era) (in figures) : _____
(in words) _____
5. Mother's Name (in Capital Letters) : _____
6. Father's Name (in Capital Letters) : _____
7. Guardian's Name (in Capital Letters) : _____
8. Class Passed : _____ (Session) _____
9. Name of the school last attended : _____
10. Category : General / SC / ST / BC / OBC (Tick any one)
11. Residential Address with Phone No. : _____

_____ : Mobile/Phone No. _____

12. Profession/Occupation

Father's Office Address

Mother's Office Address

Guardian's Office Address (if applicable)

Aadhar No. _____

Aadhar No. _____

Aadhar No. _____

E-mail ID _____

E-mail ID _____

E-mail ID _____

Contact No. _____

Contact No. _____

Contact No. _____

13. Annual family income (from all sources) : _____
14. Name, Account No. & IFSC Code of Nationalized Bank (student) : _____
15. Medium of Instruction : ENGLISH / HINDI
16. First Language : PUNJABI / HINDI
17. School Leaving Certificate Attached (SLC) : YES / NO
18. Original Migration Certificate Attached : YES / NO
19. Vaccination Report (Self Attested) & Blood Group: _____
20. Whether suffering from any chronic disease? : YES / NO
If yes, give details : _____
21. Is any brother/sister of the student studying in this school? : YES / NO
If yes, Name _____ Class _____

Declaration by the Parents/Guardian

Certified that the above given particulars are correct to the best of my knowledge and belief and the date of birth is accordance with Municipal (Competent Authority) or Chowkidar's record. I will not apply for change of date of birth subsequently under any circumstances.

(Name & Signature of Father/Mother/Guardian)

EDUCATION DEPARTMENT, U.T., CHANDIGARH

The Principal/Headmaster/Headmistress,

I request for admission of my daughter/son/ward whose name is _____

_____. Necessary information has been given on the reverse.

I certify that he/she was never admitted in any recognized school before.

Or

I am submitting his/her School Leaving Certificate.

Dated _____

(Name & Signature of Father/Mother/Guardian)

CHECK LIST

DOCUMENTS-ATTACHED

- | | |
|--|--------------------------|
| 1. Date of Birth Certificate from Municipal Corporation/Panchayat
(Self attested photo copy) | <input type="checkbox"/> |
| 2. Report Card of last class passed (Self attested photo copy) | <input type="checkbox"/> |
| 3. Character Certificate (original) | <input type="checkbox"/> |
| 4. School Leaving Certificate (Original)
(Counter Signed by DEO for students from outside Chandigarh) | <input type="checkbox"/> |
| 5. Migration Certificate (original) (for students from schools other than CBSE) | <input type="checkbox"/> |
| 6. Aadhaar Card (Self attested photo copy) | <input type="checkbox"/> |
| 7. First page of student's Bank Pass Book (Self attested photo copy) | <input type="checkbox"/> |

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Verification by Teacher-in-charge

Admission No. Allotted By The School

Signature of the Teacher-in-charge

Signature Admission Withdrawal-in-charge

Name (in Block Letters)

Name (in Block Letters)

(Signature of the Head of the Institution)

Seal

Note :

- (A) The date of birth is not liable to change subsequently under any circumstances.