Affix Passport

Size Photograph

## EDUCATION DEPARTMENT, U.T., CHANDIGARH



## **ADMISSION FORM**

ADMISSION/RE-ADMISSION TO CLASS

SCHOOL ADMISSION NO.				ed in by the	
	•		school aft	ter admission)	
1.	Name of the Student		:	4 1	
2.	Gender		: Male/Fer	male/Transgender	
3.	Date of Birth (Christian era) (in figures)				
	(in words)				
4.	Mother's Name		:		
5.	Father's Name		:		
6.	Guardian's Name				
7.	Class Passed			:(Session)	
8.	Name of the school last attended	ed			
9.	Category			SC/ST/BC/OBC (TICK ANY ONE)	
10.	Residential Address with Phone	e No.			
		. *			
	* -				
			: Phone N	0.	
11.	Profession/Occupation	Motharia			
	Father's	Mother's	<del></del>	Guardian's(if applicable)	
•	Office Address	Office Address		Office Address	
	Phone No	Phone No.		Phone No.	
12.	Annual family income (from all				
12. 13.	Annual family income (from an Aadhaar Card No. (student)	. 500,1005	-		
14.	Name and Account No. of National	onalized Bank		-	
	(student)		·		
15.	Medium of Instruction			ISH / HINDI	
16. 17.	First Language School Leaving Certificate Attac	hed (SLC)		ABI / HINDI	
	Migration Certificate Attached			: YES/NO : YES/NO	
	Vaccination Vaccination		: YES/N		
20.	Whether suffering from any chro	onic disease ?	:	YES / NO	
	If yes, give details	•	7.		
21.	Is any brother/sister of the student studying in this		- :	YES / NO	
	school?				
	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 or Chowkidar's record. I will not apply for change of date of birth subsequently under any circumstances.

(Signature of the father/mother/guardian)

## EDUCATION DEPARTMENT, U.T., CHANDIGARH

	The	Principal/Headmaster/Headmistress,					
		I request for admission of my daughter/son/ward whose name is					
reverse			*				
	I cer	tify that he/she was never admitted in any	recognized school before in this class.				
	Or						
	I am	submitting his/her School Leaving Certific	cate.				
Dated		(Signature of Father/Mother/Guardian)					
		СНЕС	K LIST				
DOCI	IMEN	NTS-ATTACHED					
	1.	Date of Birth Certificate from Municip (Self attested photo copy)	al Corporation/Panchayat				
	2.	Report Card of last class passed (Self	attested photo copy)	photo copy)			
*	3.	Character Certificate (original)	2.1.20				
	from outside Chandigarh)						
	5.	Migration Certificate (original) (for students from schools other than C	CBSE)				
	6.	y)					
	<ul> <li>6. Aadhaar Card (Self attested photo copy)</li> <li>7. First page of student's Bank Pass Book (Self attested photo copy)</li> </ul>						
		(For Office	Use only)	-			
	Verification by Teacher-in-charge		Admission No. Allotted By The School	Admission No. Allotted By The School			
		_		_			
	7			-			
	_	ature of the Teacher-in-charge e (in Block Letters)	Signature Admission Withdrawal-in-charge Name (in Block Letters)				
Note:	r d	(Signature of the Hea		_			

- The date of birth is not liable to change subsequently under any circumstances. (A)
- If the information relating to the income proves to be false suitable action will be taken. (B)