



STUDENT ADMISSION FORM FOR GOVERNMENTS SCHOOLS

Golden Jubilee Year 2016-17	School :	Form No.
	School code :	Paste your latest passport size photograph here
	U-DISE Code :	
	School Admission Number :	
	Admission Date : DD/MM/YYYY	
	Session :	
Type of Admission : New/Re-admission		
If re-Admission, Old Admission No :		
Unique SRN (Student Registration Number) generated by MIS :		
Enrollment No. if allotment by Board : for 9th to 12th Classes only		

Please read the following instructions carefully before filling Admission Form

1. Use **CAPITAL** Letters only.
2. Tick (e.g.) wherever applicable and strick-off (e.g. Male/Female) whichever not applicable.
3. Fields marked with * are mandatory.

Students/Parents shall fill in the form from section 1 student information onwards

1. Student Information

Class of Admission :	Stream (for 11th/12th) : Arts () Commerce () Science ()		
Name* (as on Aadhaar) Mr/Miss/Mrs			
Date of Birth	DDMMYY	Gender* Male () Female ()	
Aadhaar No.			
EID No. (if Aadhaar is not available)			
Place of Birth	Country :	State	
	District :	Tehsil	City/Village
E-mail :			Mobile No.
Nationality	Domicile of Haryana?		Yes () No ()

2. Parent/Guardian Information

Father's Name (as on Aadhaar)			
Father's Aadhaar No.			Mobile No.
Father's Occupation	Agriculture (Farmer) / Labourer / Self Employed / Private Job / Haryana State Govt. Employee / Other State Govt. Employee / Centre Govt. Employee / Military Personnel / Para Military Personnel / PSU Employee		
Office Address of Father, If working			
Father's Highest Education Qualification	Illiterate / Schooling / 10 Pass / 10+2 Pass/ Certificate Holder / Diploma Holder / Bachelor's Degree Holder / Master' Degree Holder / Doctor's Degree Holder		
Father's PAN	Income Tax Payer : Yes () No ()	E-mail ID :	
Mother's Name (as on Aadhaar)			
Mother's Aadhaar No.			Mobile No.
Mother's Occupation	Agriculture (Farmer) / Labourer / Self Employed / Private Job / Haryana State Govt. Employee / Other State Govt. Employee / Centre Govt. Employee / Military Personnel / Para Military Personnel / PSU Employee		
Office Address of Mother, If working			
Mother's Highest Education Qualification	Illiterate / Schooling / 10 Pass / 10+2 Pass/ Certificate Holder / Diploma Holder / Bachelor's Degree Holder / Master' Degree Holder / Doctor's Degree Holder		
Mother's PAN	Income Tax Payer : Yes () No ()	E-mail ID :	
Whether, Parents engaged in Unclean Occupation?	Yes () No ()		
Parents Annual Income (in Rs.			
Student belongs to Below Poverty Line (BPL) Family?	Yes () No ()		
If 'Yes'	BPL Certificate No.	Issuing Authority :	Issued Date : DDMMYY

3. Information of Siblings studying in this School (mandatory if student has sibling, mention details of siblings)

1st Sibling Full Name	Class :
Student Registration No. of Sibling (SRN)	Relation Brother <input type="checkbox"/> Sister <input type="checkbox"/>
2nd Sibling Full Name	Class :
Student Registration No. of Sibling (SRN)	Relation Brother <input type="checkbox"/> Sister <input type="checkbox"/>

4. Student's Address Information

Correspondence Address	Distance from School <input type="text"/> KMs
City/Village/Town	Tehsil
Area of living	Block
Rural <input type="checkbox"/> Urban <input type="checkbox"/>	
District	State
	Pin

Landline Number with area code		Mobile	
Is Permanent Address same as Correspondence Address? Yes () No () (If No, fill in Permanent Address details below)			
Permanent Address			
City/Village/Town		Tehsil	Block
Area of living	Rural / Urban		
District		State	PIN

5. Reservation Information

Religion	Hindu/Muslim/Christian/Jain/Sikhs/Parsi/Buddhist		
Category :	General/SC/SBC/BC-A/BC-B/ST	Caste (If Reserve Category) :	
If Reserve Category :	Certificate No.	Issuing Authority	Issued Date : <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/>
Physically Handicapped ? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Blindness <input type="checkbox"/> Low-vision <input type="checkbox"/> Hearing Disability <input type="checkbox"/> Speech Disability <input type="checkbox"/> Loco motor Disability (If yes type)			
Percentage (%)			
Mentally Challenged? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Autism (If yes type)			
Percentage (%)			
Genetic Disorder :	<input type="checkbox"/> Colour Blindness / <input type="checkbox"/> Haemophilia / <input type="checkbox"/> Deletion syndrome / <input type="checkbox"/> Angelman syndrome / <input type="checkbox"/> Canavan disease / <input type="checkbox"/> Charcot Marie Tooth disease/ <input type="checkbox"/> Cri du Chat/ <input type="checkbox"/> Cystic fibrosis / <input type="checkbox"/> Down syndrome / <input type="checkbox"/> Duchenne muscular dystrophy / <input type="checkbox"/> Haemochromatosis / <input type="checkbox"/> Klinefelter syndrome / <input type="checkbox"/> Neurofibromatosis / <input type="checkbox"/> Phenylketonuria / <input type="checkbox"/> Polycystic Kidney disease / <input type="checkbox"/> Prader-well syndrome / <input type="checkbox"/> Sickle-cell disease / <input type="checkbox"/> Tay-sachs disease / <input type="checkbox"/> Turner syndrome		

6. Medium of Instruction : Hindi / English

Compulsory & Optional Subjects taken for class being admitted (for Classes VI to XII only)

Compulsory Subjects :

a.	b.	c.	d.
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Optional Subjects :

a.	b.	c.	d.
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7. Past School Information (Application to students who already have student registration no. and getting Re-admitted in this school)

Student Registration Number (SRN, if available)			
Name of Previous School :		School code :	
Last Class attended :		Date of leaving : <input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	% marks/grade obtained :

8. Student's Bank Account Information (Mandatory if student already has a bank account)

Account Holder Name / Joint Account Holder Name (If any)	
Relation of Joint account holder with student : Mother /Father /Brother/ Sister / Grand-Father / Grand Mother/Aunt/Uncle	
Account No.	IFSC Code
Bank Name	Branch Name & Code

9. Other Information

Student's Hobbies :
Student's Past Achievements (SPAT/Sports/Scholarships):

10. Declaration by Parent/Guardian

I hereby declare that all the information given here is true. I take full responsibility of my child to behave sincerely. We will abide by all the rules and regulation of the institution. Please admit my child in class _____.

Place : _____ Date : _____ Signature of the Parent/Guardian _____

11. Attached Documents and Certificates Section :

1.		2.	
3.		4.	
5.		6.	

For Office Use Only

Permission granted to admit in class :		
DEO	DEEO	Signature of Head of Institution (with full name and seal)

Note : Parents/Student may retain photocopy of completely filled in admission form for future reference.