



ASHTVINAYAK PUBLIC SCHOOL KHARKALI LADWA (KKR)-136132

AFFILIATION No. 531452

SCHOOL CODE: 29456

(Quality Education with Character Building)

ADMISSION FORM

To be filled by Office In-charge

Admitted to class..... Regd. No..... Dated:

Admin No: MIS/SR No..... Approved By:

Name of the Child (In Capital Letters)

Date of Birth (In Figures)/...../..... Aashar Card No

Date of Birth (In Words)

Nationality of the Child Last School Attended

Blood Group..... Religion Caste..... Category: ST/SC/OBC/GEN

Studying in Class Medium of Instruction..... Percentage..... Admitted to Class.....

Is child suffering from any kind of Medical Problem?

Yes..... No.....

If Yes (It is Mandate to submit Medical Certificate along with Medical History.

PARENT'S DETAILS	FATHER	MOTHER	GUARDIAN
Name			
Academic Qualification			
Occupation			
Aadhar Card No.			
Annual Income			
Residential Address			
E-mail:			
Mobile (SMS Purpose)			

Details of Sibling Studying in Ashtvinayak Public School

Name of Child : Age : Class :

Last School Affiliation CBSE: ICSE..... IB..... Any other

Transfer Certificate Details: Transfer Certificate No. Date of Issue.....

I here by declare that above information is correct to the best of my knowledge & I agree to the all rules & regulations of the school & accept School's decision in regard to choice of subjects.

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Parent's Signature

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Checked by & Date of Receiver's Sign