

Adhar No.....

Samagra I.D.

Registration for Class.....

Scholar No. Dt.



CENTRAL ACADEMY (ENG.MED.) HR.SEC SCHOOL SHAHDOL(M.P.)

Pasport Size
Photo
With Name
&
Date

ADMISSION FORM

Name of Pupil (In Block Letters) _____

Date of Birth (In Figures) _____

Date of Birth (In Words) _____

Father's Name Shri _____

Mother's Name Smt _____

Occupation _____ Whatsapp No. _____

Local/Address _____

Permanent Address of parents or Guardian _____

Nationality _____ Religion _____ Cast _____ Place of Birth _____

Bank Name _____ Branch _____

Account No. _____ IFSC Code No. _____

Name of the last School attended _____

Last Class Attended _____ Year _____ Results _____

Admission for Class _____ Year _____

Whether the last School was recognised school name _____

If so give the Name of the Board _____

Whether the Transfer Certificate and Immigration Certificate of the previous school is attached _____

if not give reason _____

Declaration of Parent's

I, hereby confirm and declare that the details given above are true, particularly the date of birth, I also undertake to abide by all rules and regulations mentioned in the prospectus of the Academy and I would not demand any change of date of birth or his/her Name and Father's, mother's Name

Signature of Parent's/Guardian _____

Date ____ / ____ /202__

Relation with Pupil _____

FOR OFFICE USE ONLY

Admitted to standard _____ Sec. _____ Fee Receipt No. _____ Dated _____ For
Rs. _____ issued to the Guardian and certified that name has been entered in the class
attendance Register, Fee Register and in Admission Register.

Date ____ / ____ /202__

Accountant

Principal