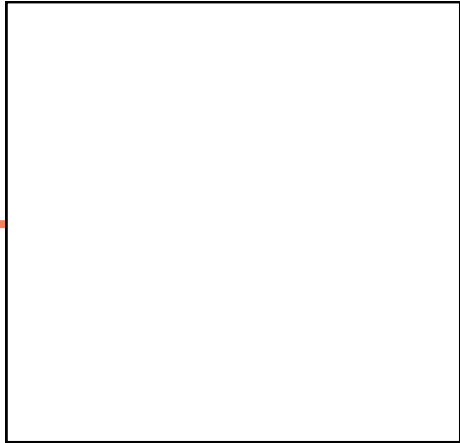




ADMISSION FORM NO:



Class Applied

Date

EMIS NO :

Enrollment No :

Aadhaar No :

Full Name :

Gender : Male Female

Date of birth :

D D M M Y Y Y Y

Blood Group :

Existing Medical Condition :

Father Name :

Phone :

Mother Name :

Phone :

Address :

Emergency Contact :

Emergency Contact :

CAST: SC ST BC MBC OBC General

Sub Cast :

Religion :

Documents Submitted. :

Declaration :

I have read and understood the institute's rules and regulations and confirmed that I meet the specified eligibility requirements. I have accurately provided the necessary information and documents. I will submit any additional documents if required in the future. I acknowledge that my child's candidature may be canceled if the submitted information or documents are found to be incorrect or misleading. The school has full authority to take appropriate actions, which I will accept. Furthermore, if any information provided by me in the future is incorrect, the school has the right to cancel my child's admission at any time.

Signature of Parent