ADMISSION FORM



Phase 2, Mohali (Punjab) - 160 055 Affiliated to CBSE, New Delhi (upto 10+2) (Affiliation No. CBSE/Aff/1630023)

Phone: 0172-4000518, Fax: 0172-2225438 Email: gian_jyoti@rediffmail.com

Reg. No.	Date		Admn. No.
CHILD'S DETAILS			
Child's Name			
(In Block Letters)			
Date of Birth Date Month Year			
In Words Paste Class to which admission is sought			
			passport size photograph
Correspondence Address Pintograph			
Permanent Address Pin			
Permanent Address		Pin	
DECUMENT			
REQUIREMENT			
Student's Birth Certificate Attached			
Report Card of Previous School			
Name and Address of the previous School attended			
Reason of leaving			
OTHER DETAILS			
Aadhar Card No.			
(Attach Photocopy)			
Category: General/SC/ST/OBC/			
Other (Attach Proof)			
Blood Group			
Height & Weight	Height	Weig	ht
Guardian Details			
Bus Facility Required	Yes No		
FATHER'S DETAILS		MOTHER'S DETAIL	S
Name		Name	
Qualification		Qualification	
Age		Age	
Profession		Profession	
Office Address		Office Address	
WhatsApp No.		WhatsApp No.	
Tele/Mobile		Tele/Mobile	
TCIC/IVIODIIC			
Did you distinguish in any game? (Give particulars and attach certificates) Did you distinguish in Drama, Singing, Public Speaking or any otheractivity? OTHER DETAILS Do you have any serious ailment or you ever had it? If yes, please specify, and attach prescription.			
Have you any real brother/sister	studying or applied	for admission to the sch	nool? If so, furnish the details.
Name		Class	Roll No.
Date of first admission to this school (Mention Class)			
CERTIFIED			
 that particulars given above in this application form are complete, correct and are true to the best of my knowledge and belief. that I have carefully read the prospectus & rules framed therein and amendments made from time to time. that I shall also abide by rules and regulations meant for the parents. that I understand that registration of my child/ward is no guarantee of admission to the school. I also agree that I shall not claim refund of fees and other charges once paid by me. that I understand that the school takes every care for the well being of the child. However in case of any accident or mishap, I will not hold the school or its authorities responsible in any manner. 			
Parent's Signature	Applicant's	Signature	Guardian's Signature
	FOR OFFIC	E USE ONLY	
Admission Granted Yes	S No		
Date of Admission	Admission	No	
	_ Amount Recd	Balar	nce If Any
Class Section Ro			
Class Section Ito			

Principal's Signature