

EDUCATION DEPARTMENT, U.T., CHANDIGARH**ADMISSION FORM**

Affix Passport
Size
Photograph

ADMISSION/ RE-ADMISSION TO CLASS _____

SCHOOL ADMISSION NO. _____ (To be filled in by the
school after admission)

1. Name of the Student : _____
 2. Gender : Male/Female/Transgender
 3. Date of Birth (Christian era) (in figures) : _____
(in words) : _____
 4. Mother's Name : _____
 5. Father's Name : _____
 6. Guardian's Name : _____
 7. Class Passed : _____ (Session) _____
 8. Name of the school last attended : _____
 9. Category : General/SC/ST/BC/OBC (TICK ANY ONE)
 10. Residential Address with Phone No. : _____

: Phone No. _____
- | | | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 11. Profession/Occupation
Father's _____

Office Address

Phone No. _____ | Mother's _____

Office Address

Phone No. _____ | Guardian's _____
(if applicable)
Office Address

Phone No. _____ |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
12. Annual family income (from all sources) : _____
 13. Aadhaar Card No. (student) : _____
 14. Name and Account No. of Nationalized Bank (student) : _____
 15. Medium of Instruction : ENGLISH / HINDI
 16. First Language : PUNJABI / HINDI
 17. School Leaving Certificate Attached (SLC) : YES / NO
 18. Migration Certificate Attached : YES / NO
 19. Vaccination : YES / NO
 20. Whether suffering from any chronic disease ? : YES / NO
If yes, give details _____
 21. Is any brother/sister of the student studying in this school ? : YES / NO
If yes, Name _____ Class _____

Declaration by the Parents/Guardian

Certified that the above given particulars are correct to the best of my knowledge and belief and the date of birth is accordance with Municipal or Chowkidar's record. I will not apply for change of date of birth subsequently under any circumstances.

(Signature of the father/mother/guardian)

EDUCATION DEPARTMENT, U.T., CHANDIGARH

The Principal/Headmaster/Headmistress,

I request for admission of my daughter/son/ward whose name is _____
_____ Necessary information has been given on the
reverse.

I certify that he/she was never admitted in any recognized school before in this class.

Or

I am submitting his/her School Leaving Certificate.

Dated _____

(Signature of Father/Mother/Guardian)

CHECK LIST

DOCUMENTS-ATTACHED

- | | | |
|----|-------------------------------------------------------------------------------------------------------|--------------------------|
| 1. | Date of Birth Certificate from Municipal Corporation/Panchayat
(Self attested photo copy) | <input type="checkbox"/> |
| 2. | Report Card of last class passed (Self attested photo copy) | <input type="checkbox"/> |
| 3. | Character Certificate (original) | |
| 4. | School Leaving Certificate (original)
(Counter Signed by DEO for students from outside Chandigarh) | <input type="checkbox"/> |
| 5. | Migration Certificate (original)
(for students from schools other than CBSE) | <input type="checkbox"/> |
| 6. | Aadhaar Card (Self attested photo copy) | <input type="checkbox"/> |
| 7. | First page of student's Bank Pass Book (Self attested photo copy) | <input type="checkbox"/> |

(For Office Use only)

Verification by Teacher-in-charge

Admission No. Allotted By The School

Signature of the Teacher-in-charge
Name (in Block Letters) _____

Signature Admission Withdrawal-in-charge
Name (in Block Letters) _____

(Signature of the Head of the Institution)

Seal

Note :

- (A) The date of birth is not liable to change subsequently under any circumstances.
(B) If the information relating to the income proves to be false suitable action will be taken.