

URMILA PUBLIC SR. SECONDARY SCHOOL

(Affiliated to C.B.S.E vide Affiliation No. 530962)

Faridabad-121005

ADMISSION FORM

Academic Session 20 - 20

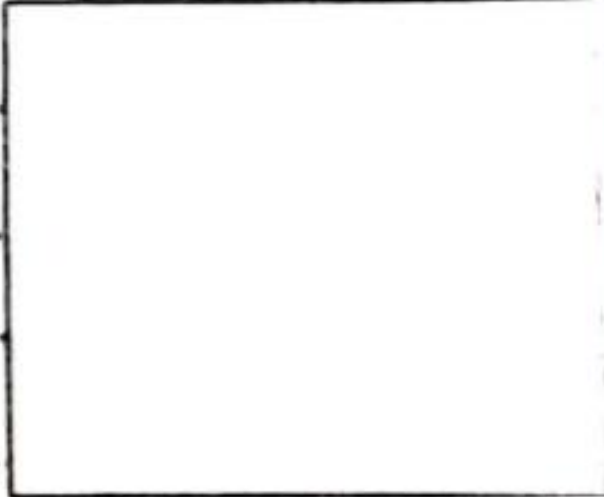
FOR OFFICE USE ONLY

Admission Receipt Dt.

Class: Admission No Date of Admission

TO BE FILLED BY THE PARENT

1. Name of the student (in block letters):
2. Date of Birth (Attach proof of date of birth):
3. Place of Birth:
4. Father's Name:
Qualification: Occupation: Caste (GEN/SC/ST):
5. Mother's name.....
Qualification: Occupation: Caste (GEN/SC/ST):
6. Telephone NO. Father's Office: Residence:
7. Present Postal Address of the Parent / Guardian: (Attach proof of residence):
8. Name of school last attended & Medium:
9. Whether the school is recognized or not : Yes No
10. Previous class passed (Attach copy of report card and T.C)..... % age / Grade.....
11. Admission sought in class:
12. Particulars of the real brother / sister studying in this school, if any
- 13 (a)Name: (b) Admission No.: (c) Class & Section:
- 14 Whether the child is medically fit Yes No (If No attach copy of medical certificate)



Declaration:

* I solemnly declare that I would abide by the rules of the institution and extend my co-operation to the authorities.

*I agree that payment made at the time of admission is non refundable.

Date:

Sign. Parent / Guardian

Child has been interviewed / tested by me and found suitable for admission.

Admitted / Not Admitted

Date:

Principal