



APS-20

**ADMISSION FORM
ADARSH PUBLIC SCHOOL**

SECTOR 20-B, CHANDIGARH

**Paste
Photograph
Here**

Dear Sir / Madam,

I hereby apply for admission of my son / daughter to your school. As parent / guardian, I submit the following particulars and request for your permitting admission to your school.

Note Please : Write in Block letters (Attach original D.O.B. & SLC)

1. Full Name of Pupil _____
2. Sex : Boy _____ Girl _____ Nationality _____
3. Father's Name _____
4. Mother's Name _____
5. Date of Birth (In Figure) _____ (in Words) _____
6. Class to which admission is sought _____
7. Father's Designation & _____
Office Address _____
8. Mother's Designation & _____
Office Address _____
9. Address (Local) _____
10. Permanent Address _____
11. Telephone / Mobile No. (R) _____ (O) _____ (M) _____
12. Name of Caste _____ (Please Tick) (Gen/SC/BC/ST/Others)
13. Category _____ (EWS/Disadvantage/BPL) Status _____ (minority/non-minority)
14. Mother Tongue _____ Aadhar No. _____ Attach Health Card (Y/N)
15. Name / Class of real brother / Sister name _____ Class _____ Section _____

I hereby declare that the particulars given above are true to the best of my knowledge.

PARENT'S / GUARDIAN'S
SIGNATURE

(For Office Use Only)

Admission No. _____ Date of Admission _____

DECLARATION FORM

(To be filled in by the Parent)
(IN CAPITAL LETTERS)

FULL NAME OF THE STUDENT _____

DATE OF BIRTH _____

FULL NAME OF THE FATHER _____

FULL NAME OF THE MOTHER _____

I hereby declare that the above particulars are correct and the same be recorded in the school record and I shall not make any request for a change either in the date of birth, or spelling of her name or mine.

I put my signature to confirm that the school will take all possible care and precautions to safe guard the Children when they are in the school premises. However it will not be held responsible for any mishap during their stay in the school.

Signature of Mother

Signature of Father