



BARNAGAR

JHABUA

RATLAM

ADMISSION FORM

<i>For Office Use only</i>				
Form No. _____	Form Fees Paid: _____			
Receipt No. _____	Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>			
Signature of the office in charge				

Affix
recent
passport
size photo
here.

***The Admission form, incomplete in any respect, will not be considered.
(Fill in with Block Letters only)***

Date of Application	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				Sex	<table border="1" style="display: inline-table;"><tr><td>M</td><td>F</td></tr></table>	M	F																
M	F																							
Name of Student																								
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Father's Name

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Occupation of the Father	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		Qualification:	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>	

Mother's Name

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Occupation of the Mother	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		Qualification:	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>	

Guardian's name (if applicable)

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Occupation of the Guardian	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		Qualification:	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>	

Date of Birth	<table border="1" style="display: inline-table;"><tr><td>DD</td><td>MM</td><td>YYYY</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	DD	MM	YYYY			
DD	MM	YYYY					

Place of Birth

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District

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State

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Last Class studied

Admission sought in Class

Nationality

Blood Group

Single Girl Child Yes/No (Strike out whichever is not applicable)

Details of Proof of Date of Birth (copy attached) (√ the appropriate box)

1. Date of Birth Certificate
2. Transfer Certificate (required for admission into class 2 and above)

For record / Government Purposes only

Religion and Caste _____

Does the child belong tocategory? (√ one of the appropriate boxes below.)

OBC BC MBC SC ST General

(Please attach copy of Community Certificate, if not in a General category)

Parents' / Child's
Present Address

Contact No.- _____

Permanent Address

Contact No.- _____

Email ID: -

Reason(s) for seeking admission to Jain Public School

Details of brother(s) / sister(s) studying in this school or any of the group schools

Mother Tongue

Languages known to the student: Speak / Read / Write

Details of previous school(s) studied

Two references with details and address:

1.	2.
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Any other relevant information regarding the student's abilities / tastes / talents etc.

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Any medical / social /psychological constraints for the child: (Please furnish relevant information separately if required) This information will exclusively be used for proper case study and parental care of the child in the school.

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Allergic to any medicine _____

Name and address of the Family Doctor with phone no. (If any)

I shall abide by the school rules as for the educational aspects of this school once I get my child admitted to this school. I also understand that filling up this form does not necessarily entitle my child's admission.

Name of the Parent/ Guardian: -

Date: -

Place: -

Signature of the Parent/Guardian

Child is admitted to class: <input type="text"/>	Date of Admission: <input type="text"/>	<input type="text"/>	<input type="text"/>
Remarks:			
Signature and seal of The Principal			

For Office Use Only

The above details are correctly entered in the Register and fed into the Computer Database.

Student's Name:

Date of Birth :

Fees Paid :

Receipt No. :

Admission No. :

Intimation sent to the Class Teacher: Yes

Office In charge