Ph,: 0172-2780011 Email:sdsss763@gmail.com

S.D. SR. SEC. SCHOOL, SECTOR 24/C,CHANDIGARH

(Recognized & Affiliated to CBSE, New Delhi)

Fill the Form in CAPITAL LETTERS

ADMISSION FORM

Admission No.....

Admission in class .....Session ..... Date.....

1 Name of Student .....M/F

2 Date of Birth (in figures) .....(In words).....

3 Nationality .....Religion .....Blood Group .....

4 Aadhar No. .....APAAR ID ..... Pen No..... .....

5 Category: GEN/SC/ST/BC/OBC .....

6 Only Child of the family (Yes/No) ..... (M/F)

7 Particulars of the last school attended a) Name of the School .....

(b) UDISE code .....Board ..... City.....Class .....

(c) Marks obtained ..... %age ..... Year ..... Medium of the Instruction.....

8 Is studying in this school ? If yes give details.....

Name .....Class..... Section.....

9 Transport facility to be availed yes No

10 Father's Name .....Occupation.....

Ph. /Mobile .....Annual Income..... E-mail Id .....

11 Mother's Name . .....Occupation.....

Ph/ Mobile ..... Annual Income.....E-mail-Id.....

12 Father/Mother Aadhar No.....

13 Permanent Address ....

.....

14 Correspondence address .....

.....

15 Guardian's Name and Address .....

16 .Relation.....Contact No.....

DECLARATION BY THE PARENTS

I agree to abide by the school rules and regulations formulated from time to time . I certify that the particulars furnished by me are absolutely correct .If any information of document supplied by me is found to be incorrect, I will be responsible for the same.

Date..... **(Signature of the Parent)**