

Ph,: 0172-2780011



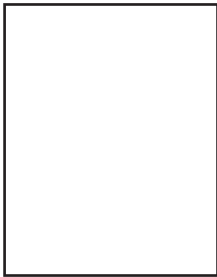
Email:sdsss763@gmail.com

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 classSession Date.....

1 Name of StudentM/F ☐

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

3 NationalityReligionBlood 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 codeBoard City.....Class

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

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

NameClass..... Section.....

9 Transport facility to be availed yes ☐ No ☐

10 Father's NameOccupation.....

Ph. /MobileAnnual Income..... E-mail Id

11 Mother's NameOccupation.....

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)