



## APPLICATION FORM FOR ADMISSION (2021 -2022)

Child's Photo

REGISTRATION NO.

Father's Photo

Mother's Photo

CLASS APPLIED FOR :

### STUDENT'S DETAILS

STUDENT'S NAME

DATE OF BIRTH

Age as on 31st March, 2021

GENDER

Female

SOCIAL CATEGORY

MOTHER TONGUE

NATIONALITY

BLOOD GROUP

MOBILE NO.

RELIGION

AADHAAR NO.

LAST SCHOOL

LAST CLASS

LAST RESULT

AWARD WON SO FAR IN SPORT, ARTS OR ACADEMIC

### DOES STUDENT HAS ANY SIBLING IN THIS SCHOOL :

S. No.	Name	Adm No.	Class & Sec. presently studying in
1			
2			

### RESIDENTIAL ADDRESS :

### PERMANENT ADDRESS :

**PARENT INFORMATION**

**FATHER**

**MOTHER**

a). Name : \_\_\_\_\_

b). Designation : \_\_\_\_\_

c). Organization : \_\_\_\_\_

d). Official Address : \_\_\_\_\_

e). Mobile No. : \_\_\_\_\_

f). Email Id : \_\_\_\_\_

g). Alumni : \_\_\_\_\_

h). Alumni Year : \_\_\_\_\_

i). Passing Class : \_\_\_\_\_

j). College/University : \_\_\_\_\_

**GUARDIAN INFORMATION**

Guardian Name : \_\_\_\_\_ Mobile : \_\_\_\_\_

Address : \_\_\_\_\_

**MEDICAL INFORMATION**

**HEARING**

Any Difficulty Observed in Hearing : \_\_\_\_\_

Specify(Difficulty Observed in Hearing : \_\_\_\_\_

Any Consultation with doctor done : \_\_\_\_\_

Specify(Any Consultation with doctor done) : \_\_\_\_\_

**VISION**

Any Consultation with doctor done : \_\_\_\_\_

Specify(Any Consultation with doctor done) : \_\_\_\_\_

Use of spectacles / Corrective lenses : \_\_\_\_\_

Specify(Use of spectacles / Corrective lenses) : \_\_\_\_\_

Any allergy / any medical information that school should be aware of : \_\_\_\_\_

**DOCUMENTS ARE MANDATORY AT THE TIME OF ADMISSION**

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| Birth Certificate                    | Aadhar card copy of parents and child |
| Transfer Certificate                 | Progress card report of two years     |
| Passport size photograph of child(2) | Vaccination card copy                 |
- Those who belongs to SC/ST& OBC submit the Certificate

**DECLARATION BY THE PARENT/GUARDIAN**

I declare that the statements provided in this application is correct to my knowledge and if found otherwise I shall abide by the decision of the management. I agree to abide the rules, regulations and fee structure of school.

Date : \_\_\_\_\_ Signature of the Parent/Guardian

**H.C. AUXILIUM SCHOOL OFFICE USE ONLY**

Admission Co-ordinator

Principal

Date : .....

Date : .....