STUDENT ADMISSION FORM

School Name :		Govt Mod	el Sanskirti Sr. S	ec. Scho	ol, Buraka	a (Hath	in)			
School Code:	24222	24222 Exam Code: 40667					\$500ml			
U- Dise Code:		06210307703					. 13%		P + 2 ^T	
Status:	Governr	Government/ Government Aided/ Private								
School Admission Numb	per								ffix ort size	
Admission Date									ograph	
Session :	a mintentia n	-							i	
Unique SRN (Student R Number) generated by I							8			
Enrollment No(If Allotte		, .								
For 9 th To 12 th Classe		1					_	•		
*Please read the fo 1. use capital 2.fields marke	llowing inst			lling the	admiss	ion for	m:			
1. Students Info	rmation	.,.		,÷						
Class of Admission :							100 I			
Name as per SLC	1	=1 H T		i, te	• ,.	4.0	S 182 4	. *		
Date Of Birth		k			Gender* M	lale / Fe	male	* .		
Aadhar No		n dans				5.5°				
Place Of Birth	· · · · · · · ·					Č,		*,	42	
Email Id :				Mobile	No.	*				
Nationality*:			Domicile of Haryana*?				Yes/ No			
2. Parent / Guard	ian Informa	ation	1°							
Father's Name	5. ×	,	e. 5	: .		1			n	
Father's Aadhaar	No 🤬			Mobile No.	*:		= 100			
Father's Occupation	on*:			44.4						
Office Address Of Fa	ther			:						
Father's Highest Educat	ion			1		4.57	1 1			
Father's Pan	ga d		Income Tax I	Payee: Ye	s /NO		Email Id :			
Mother's Name	1, 1, 1			W 1.1						
Mother's Occupation	*:						4			
Office Address of Moti (If Working)	ner	14 -								
Mother's Highest Educa Qualification:	tion						to s		•	
Mother's Pan:			Income Tax Pay	ee: Yes /N	0	Email	d:			
Parents Annual Incom	e (in Rs.)							•	A SAME	
Student Belongs To' B	elow Poverty	Line ' (BPL) Family*? Yes	/ No If	Yes': Certif	ficate No	:	1		
Issuing Authority:				F - 1	Iss	sued Da	te			
3. Information Of Sibl	ings Studyin	g In This S	chool (mandator	y if stude	ent has sib	oling , n	nention d	etails of sib	lings)	
1st Sibling's Full Nam	e:		T. 12)	Class:	return on	- 1400	
Students Registration	Number Of S	Sibling (SRN	l):					160		
2nd Sibling's Full Nam	e:				2 1 Pds	8 A S .	Relation:	11° m :	Brother/ Sister	
Students Registration	Number Of S	ibling (SRN	l):				Class:			
4. Student's Address	nformation:						Relation:		Brother/ Sister	
Correspondence Add	ress*:	1 .	A STATE OF THE STA		9 1 n 1	I-		147		
City/ Village/ Town	Ŧ =	ar data	Distance from			from so	school (km)*:			
Area of Living		Те	Tehsil*: Block*:							
District* Rural/ Urban State*: PIN*:										

Mobile No.		Alternate Mobile N	lo.						
Is Permanent Address' same	as Correspondence addres	s? Yes/NO (if No,fill in Perma	anent Address details belo	w)					
Permanent Address:		eks in the second							
City / Village/ Town	1401 1 mm 2 mm 2 mm	Tehsil*:	Block*:	Block*:					
Area of Living	with the second								
District*:	State		PIN*:						
5. Reservation Informa	tion								
Religion*:									
Category*:		· Variation							
If Reserved Category:	Certificate No.	Issuing Authori	ty: Issued Dat	Issued Date:					
Physically Handicapped If Yes, type	1? Yes/ No.		1700 s 1700 s 1111						
Percentage (%)		A A	i de la						
Mentily Challenged ? Y If Yes, Type Percentage(%)	es/ No								
6. Subjects Opted :									
A	В.	c.		D.					
E.	F.	153.000 2 . 190.0		H.					
7. Student Registration (SRN / If Available)		[G.							
Name Of Previous So	School C	School Code:							
Last Class Attended:		Date of leaving	%age/	grade obtained:					
8 Student's Bank Ac	count Information (m	andatory if student alre							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ady has a bank acco	unt)					
	/ Joint Account Holder								
Relation Joint Account	Holder With Student:	Mother/ Father/Brother	Sister /Grand- Fathe	r/Grand Mother					
Ac/no.		IFSC Code	y e la veneralia.						
Bank . Name:		Branch Name &							
9. Other Information :									
Student Past Achieve	ment	The Market of the Control	ja i i i i i i i i i i i i i i i i i i i						
(Spat/ Sports/ Scholar	ship)								
9. Declaration By Pare	ent/guardian*								
I hereby declare that all the rules and regulation of the	e information given here is true institution. Please admit my	ue. I take full responsibility of	my child to behave sincere	ly. We will abide by all the					
Place:	en e								
Date.			Cianatura						
11. Attached Docume	nts and Certificates:		Signature C	of the Parent/ Guardian					
1									
2									
3	Labor 1 2g								
		For Office Use Only		Big.					
Admit in Class	Section/Stream	Receipt No.	Date	L.F.No.					
• • • • • • • • • • • • • • • • • • • •				L.F.140.					
	Principal Name & Seal								