



The Study Public Secondary School Aspur

ADMISSION FORM

Date of Admission:

Admn No. :

Class:

Student's Name : _____

Father's name : _____

Mother's Name : _____

Religion: _____ Cast: _____ SC/ST/OBC/GEN

Address : _____

Ph. Nos. (1) (2) (3)

Previous School : _____

D.O.B. (In Figures) : _____

(In Words) : _____

Names of Siblings in this school : (1) _____

(2) _____

Any diseases? : _____

If yes, specify. : _____

Signatures.

Father: _____ Mother: _____ Guardian: _____

FOR OFFICE USE ONLY

Admission granted to Master/Kum _____

to Class _____ for session _____.

Date: ____

Principal