



ADMISSION FORM FOR ACDEMIC SESSION 2020-21

PASTE JOINT
PHOTO OF CHILD
WITH PARENTS

A. INFORMATION ABOUT THE CHILD

1. NAME OF THE CHILD _____
2. DOB: _____
3. GENDER: _____
4. BLOOD GROUP: _____
5. AADHAAR CARD NO: _____
6. CATEGORY : GENERAL _____ OBC _____ SC _____ ST _____
7. PERMANENT ADDRESS _____
8. ADDRESS FOR COMMUNICATION: _____

B. INFORMATION ABOUT PARENTS

1. FATHER'S NAME: _____
2. FATHER'S OCCUPATION: _____
3. AADHAAR CARD NO. _____
4. ADDRESS: _____
5. CONTACT INFO: MOBILE: _____ EMAIL: _____
6. MOTHER'S NAME: _____
7. MOTHER'S OCCUPATION: _____
8. AADHAAR CARD NO. _____
9. ADDRESS: _____
10. CONTACT INFO: MOBILE: _____ EMAIL: _____

C. PAYMENT DETAILS

1. PAYMENT MODE: Online Transfer/ QR Payment?
2. DATE OF PAYMENT: _____
3. PAID BY (NAME OF THE PERSON): _____
4. TRANSACTION REFERENCE NUMBER: _____