



Jas govin Public School

(C.B.S.E Affiliation No. -3530558)

Devalchaur Kham, P.O. Manpur West,
Haldwani (Nainital) Uttarakhand 263139

Contact No-7060101141, 9759545462

Email: jasgovinpublicschool.hld@gmail.com

Website- www.jasgovinpublicschool.in

S.R. No. _____

ADMISSION FORM

Class in which Admission is sought for _____ Session _____

Affix recent
colour photograph
of child

1. (a) Full Name of the Child (in capital letters)

(b) Aadhar Card No. _____

(c) Gender: Male Female Transgender

2. Date of Birth: Day Month Year

In words _____

Age of the Student as on 31st March: Year Month Day

3. Blood group of the Child: _____

4. Religion: Hindu Muslim Sikh Christian Jain Any Other

5. Do you belong to Gen./SC/ST/OBC/Disabled attach certificate if applicable.

Gen. SC ST OBC Disabled

6. Details of Parents:

Details of Mother/Father	Mother	Father
i) Name (in capital letters)		
ii) Aadhar Card No.		
iii) Nationality Occupation		
iv) Name of the Office & Full Address with Contact No.		
v) Contact No.		
vi) Annual Income		
vii) Full Residential Address		
viii) Permanent Address		

7. Name & Address of Local Guardian (if any): _____
8. Name & Address of the Previous School with Class: _____
9. No. & Date of T.C. issued by Previous School with Status of Result: _____
10. Whether Previous School was affiliated with CBSE (Yes/No): _____
11. If the Previous School was not affiliated with CBSE, specify Name of the Board: _____
12. Result of Previous Examination: _____ Percentage _____
13. Subjects proposed to offer: 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
14. Whether School has the approval of the Board to offer these Subjects: _____
15. Whether the Transfer Certificate is attached: Yes No
16. Mother tongue: _____ Home town: _____

DECLARATION BY THE PARENTS

I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief, if any information or document supplied by me found to be incorrect, I will be responsible for the same.

Signature of the Parents: Father _____ Mother _____

FOR THE OFFICE USE ONLY

1. Certified that I have checked the application form and the relevant papers are found in order.

Sign. of Admission In-charge

2. Please admit to Class _____ Section _____ after checking the relevant papers and realise the dues.

Date _____ Principal

Admitted to Class _____ Section _____ Fee Receipt No. _____

Dated _____ issued.

Details of amount received:

Admission Fee

Tuition Fee

Misc. Charges

TOTAL

Name has been entered in the Class Attendance Register: (✓) Yes No

Certified that all the entries have been made in the Scholar's Register and the dues have been received.
Registration No. of the Student in Admission Withdrawal Register is Vol.....

Date _____ Office Superintendent

Admission considered by the school is in accordance with the provision of the Board & approved.

Date:

Sign. of Principal/ Office Seal