

APPLICATION FOR REGISTRATION

Application Form No. Rt. No. & Date : Scholar No. :

Important : Please answer all questions and print the information clearly in BOLD, using black or blue pen.

Please affix latest
Passport size
photograph in colour

STUDENT

Please affix latest
Passport size
photograph in colour

MOTHER

Please affix latest
Passport size
photograph in colour

FATHER

General Information

I / We are seeking in admission in Class Session

Principal's Remark

Personal Data of Student

Surname First Name Middle Name

Date of Birth DD/MM/YY Age as on 1st April 200__ Years Months Days

Nationality Religion SC / ST Yes/No Sex M/F

Permanent Address

City Pincode

Home Tele # Mobile # Fax #

Mailing Address

City Pincode

Health Information

Allergy/Chronic ailment (if any) Physical handicap / disability (if any)

Any other health problem

Educational Background

Last School attended

Reason for leaving

Parent's Information

Father / Guardian :

| | | | | | |
|-----------------------------------|----------------------|----------------------|---------------------------------|----------------------|----------------------|
| Name | <input type="text"/> | Age | <input type="text"/> | Nationality | <input type="text"/> |
| Educational Qualifications | | | Institution / University | | |
| 1) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Organisation Working for | <input type="text"/> | | | | |
| Designation | <input type="text"/> | Annual Income | <input type="text"/> | | |
| Office Address | <input type="text"/> | | | | |
| Tel. Nos. (O) | <input type="text"/> | (R) | <input type="text"/> | (M) | <input type="text"/> |

Mother / Guardian :

| | | | | | |
|-----------------------------------|----------------------|----------------------|---------------------------------|----------------------|----------------------|
| Name | <input type="text"/> | Age | <input type="text"/> | Nationality | <input type="text"/> |
| Educational Qualifications | | | Institution / University | | |
| 1) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Organisation Working for | <input type="text"/> | | | | |
| Designation | <input type="text"/> | Annual Income | <input type="text"/> | | |
| Office Address | <input type="text"/> | | | | |
| Tel. Nos. (O) | <input type="text"/> | (R) | <input type="text"/> | (M) | <input type="text"/> |

If parents are divorced, living separately or widowed, with whom is the child living :

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Brothers / Sisters :

| Name | Age | Institution | Class | Scholar No. (if in Jaipuria School) |
|----------------------|----------------------|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Transport

School Bus facility required

Yes

No

Declaration : I hereby put my signature to confirm the above declaration.

Date

Place

Signature of parent

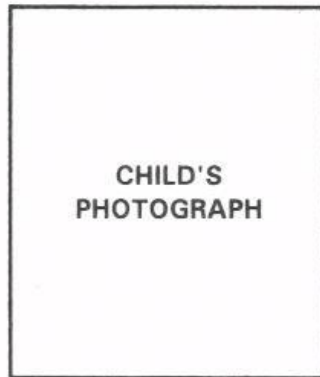
Reg No.

**SETH ANANDRAM JAIPURIA SCHOOL
GHAZIABAD**

ADMIT CARD

Interaction / Admission Test
for Class _____

Date _____ Time _____



Name of the Candidate _____

Father's Name _____

Address & Tele. No. _____

Note: It is mandatory to Carry this card at the time
of Interaction/Admission Test.