


Annexure A1: Student Admission Form

	School Name: PM SHRI GSSS LAMBA School Code: 03380 U-DISE Code: 06100404104 Status: Government School Admission Number: Admission Date: / / Session:. Type of Admission: New / Re-admission/ Transition				Form No: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Please paste passport size (35 mm (w) x 44 mm (H)) colored photograph with white background here. Photo should not exceed borders. Do NOT staple. </div>	
	If re-Admission, Old Admission No:					
	Unique SRN (Student Registration Number) generated by MIS:					
	Enrollment No if allotted by Board:					
	Students/Parents shall fill in the form from section '1. Student Information' onwards					
1. Student Information						
Class of Admission:		Stream (for 11 th & 12 th): Arts/Commerce/Science:				
Name* (as on Aadhaar):		Mr/Miss/Mrs				
Date of Birth*:				Gender*: Male/Female		
Aadhaar No:						
EID (if Aadhaar is not available):						
Place of Birth*	Country*:	INDIA		State/UT*:	HARYANA	
	District*:		Tehsil*:	City/Village*:		
Email ID:				Mobile No:		
Nationality*.		INDIAN		Domicile of Haryana*?	Yes/No	
2. Parent/Guardian Information						
Father's Name (as on Aadhar)*						
Father's Aadhaar No:				Mobile No*:		
Father's Occupation*		Agriculture (Farmer)/ Laborer/ Self Employed/ Private Job/ Haryana State Govt. Employee/ Other State Govt. Employee/ Central Govt. Employee/ Military Personnel/ Para-military Personnel/ PSU Employee :				
Office Address of Father (if working):						
Father's Highest Education Qualification:		Illiterate / Schooling / 10 Pass / 10+2 Pass / Certificate Holder / Diploma Holder / Bachelor's Degree Holder / Master's Degree Holder / Doctor's Degree Holder :				
Father's PAN:		Income Tax Payee: Yes/No		Email ID:		
Mother's Name (as on Aadhar)*						
Mother's Aadhaar No:				Mobile No*:		
Mother's Occupation*		House Wife/Agriculture (Farmer)/ Laborer/ Self Employed/ Private Job/ Haryana State Govt. Employee/ Other State Govt. Employee/ Central Govt. Employee/ Military Personnel/ Para-military Personnel/ PSU Employee:				
Office Address of Mother (if working):						
Mother's Highest Education Qualification:		Illiterate / Schooling / 10 Pass / 10+2 Pass / Certificate Holder / Diploma Holder / Bachelor's Degree Holder / Master's Degree Holder / Doctor's Degree Holder :				
Mother's PAN:		Income Tax Payee: Yes/No		Email ID:		
Whether, Parents engaged in 'Unclean Occupation'?		Yes / No				
Parents Annual Income* (in Rs.)		Student belongs to (BPL) family* ?		Yes / No		
If 'Yes':	BPL Certificate No.●	Issuing Authority:		Issued Date:		
3. Information of Siblings studying in this School (mandatory if student has sibling, mention details of siblings)						
1 st Sibling's Full Name:				Class:		
Student Registration Number of Sibling (SRN):				Relation:	Brother / Sister	
2 nd Sibling's Full Name:				Class:		
Student Registration Number of Sibling (SRN):				Relation:	Brother / Sister	
4. Student's Address Information						
Correspondence Address*:				Distance from School (KMs)*:		
City/Village/Town*.		Tehsil*: RATIA		Block: RATIA		
Area of living		Rural / Urban				
District*	FATEHABAD	State*	HARYANA	PIN*	125051	

Landline Number:	STD:		Phone:	
Is 'Permanent Address' same as Correspondence Address? * Yes/No (If No, fill in Permanent Address details below):				
Permanent Address*				
City/Village/Town*		Tehsil*:	Block:	
Area of living	Rural / Urban			
District*	FATEHABAD	State*	HARYANA	PIN* :
5. Reservation Information				
Religion*	Hindu/ Muslim/ Christian/ Jain/ Sikhs/ Parsi/ Buddhist:			
Category*:	General/ SC/ SBC/ BC-A/ BC-B/ST	Caste (if Reserved Category) .		
If Reserved Category	Certificate No:	Issuing Authority:		Issued Date:
Physically Challenged? (Yes/No) If Yes, type %age:	<input type="checkbox"/> Blindness	<input type="checkbox"/> Low Vision	<input type="checkbox"/> Hearing Disability	<input type="checkbox"/> Speech Disability
				<input type="checkbox"/> Loco-motor Disability
Mentally Challenged? (Yes/No) If Yes, type %age:	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Autism
				<input type="checkbox"/>
Genetic Disorder:	<input type="checkbox"/> Color Blindness / <input type="checkbox"/> Haemophilia / <input type="checkbox"/> Deletion syndrome / <input type="checkbox"/> Angelman syndrome / <input type="checkbox"/> Canavan disease / <input type="checkbox"/> Charcot—Marie—Tooth disease / <input type="checkbox"/> Cri du chat / <input type="checkbox"/> Cystic fibrosis / <input type="checkbox"/> Down syndrome / <input type="checkbox"/> Duchenne muscular dystrophy / <input type="checkbox"/> Haemochromatosis / <input type="checkbox"/> Klinefelter syndrome / <input type="checkbox"/> Neurofibromatosis / <input type="checkbox"/> Phenylketonuria / <input type="checkbox"/> Polycystic kidney disease / <input type="checkbox"/> Prader—Willi syndrome / <input type="checkbox"/> Sickle-cell disease / <input type="checkbox"/> Tay—Sachs disease / <input type="checkbox"/> Turner syndrome			
6. Medium of Instruction*: Hindi / English:				
Compulsory & Optional Subjects taken for class being admitted (for classes VI to XII only)				
Compulsory Subjects:				
a. ENGLISH	b.	c.	d.	e.
				f.
Optional Subjects:				
g.	h.	i.	j.	
7. Past School Information: (Applicable to students who already have Student Registration Ne and getting Re-Admitted in this school)				
Student Registration Number (SRN, if available):				
Name of Previous School:			School code:	
Last class attended:		Date of leaving:	% Marks/Grade Obtained:	
8. Student's Bank Account Information (Mandatory if student already has a bank account)				
Account Holder Name / Joint Account Holder Name (if any):				
Relation of Joint account holder with student: Mother / Father / Brother / Sister / Grand-Father / Grand-Mother / Aunt / Uncle:				
A/c No:		IFSC Code:		
Bank Name:		Branch Name & Code:		
9. Other Information				
Student's Hobbies:				
Student's Past Achievements (SPAT/Sports/Scholarships):				
10. Declaration by Parent/Guardian*				
I hereby declare that all the information given here is true. I take full responsibility of my child to behave sincerely. We will abide by all the rules and regulation of the institution. Please admit my child in class _____.				
Place:				
Date:				
Signatures of the Parent/Guardian				
11. Attached Documents and Certificates Section:				
1.	2.			
3.	4.			
5.	6.			
For Office Use Only				
Permission granted to admit in class:				
DEO		BEO		Signatures of Head of Institution with Seal