



Photo
With
Date

ALIGARH PUBLIC SCHOOL, ALIGARH

Affiliated to CBSE: 2130035

Session: 2023-2024

S.No.: _____

Admission No.: _____ To be filled by office.

Class to which admission sought: _____ Session: _____

PERSONAL DETAILS:-

1. Name: _____

2. Gender: Male Female Any other

3. D.O.B. Date _____ Month _____ Year _____

In words _____

(Attach Date of Birth Certificate issued by the Competent Authority)

4. Details of parents:

Details	Mother	Father / Guardian
Name		
Educational Qualification:		
Residential Address:		
E-mail:		
Occupation:		
Official Address:		
Annual Income:		

5. Whether the candidate is:-

(i) Single Girl Child:

(ii) Specially abled (Divyangjan):

(iii) Belonging to the EWS:

(Attach proof wherever applicable)

6. Category: (Attach Proof): General SC ST OBC EWS

7. Aadhar No. (Not mandatory) (Attach Proof): _____

8. Name & Address of the last attended school: _____

9. Class Last attended: _____

10. Last School affiliated is:

- (i) CBSE (ii) ISCE (iii) IB
(iv) State Board (v) Any other (Please Specify)_____

11. Result of last class:

Subject	Maximum Marks	Marks Obtained	% of Marks	Remarks

12. Transfer Certificate Details*:-

Transfer Certificate No:-_____

Date of Issue:-_____

13. Details of siblings (if any)

Name	Brother / Sister	Age	School Studying in

DECLARATION

I hereby declare that the above information including Name of the Candidate, Father / Guardian's Name, Mother's name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the School.

Date:_____

Signature of the Parents(s)/Guardian

Place:_____

Relation with candidate:_____

Correct entries from the Admission and Withdrawal Register have been made on page no _____ on dated _____.

Signature of the Principal

- In case student is from other board, Transfer Certificate should be countersigned by the Competent Authority.