



Brahmlin Swami Amar Dev Ji Memorial  
**PANCHTIRTHI SR. SEC. PUBLIC SCHOOL (PPS)**

Affiliated to CBSE , New Delhi  
Kalanaur (Rohtak)

**ADMISSION FORM**

Photo  
With  
Date

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 .....

**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 : Yes  No

(ii) Specially abled ( Divyangjan) Yes  No

(iii) Belonging to the EWS Yes  No

( Attach Proof wherever applicable)

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

7. Adhar 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) ICSE  (III) IB

(V) State Board  (vi) 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)

|      | Brother/Sister | Age | School studying in |
|------|----------------|-----|--------------------|
| Name |                |     |                    |

DECLARATION

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

Date .....

Signature of the Parent(s)/ Guardian

Place .....

Relation with candidate .....

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

Signature of the Principal

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

Central Board of Secondary Education

