ST. JOSEPH'S HIGHER SECONDARY SCHOOL

Handinimgaon, Newasa, Ahilyanagar - 414603.
Contact No. 8149803321, Email – sjhsshandinimgaon@gmail.com
UDISE – 27260612404 Recg. No. 06-018-34-102

ADMISSION FORM

Admn. No. .....

Latest Photograph of the Student	Latest Photograph of the Father	Latest Photograph of the Mother

(The form must be filled out by parents only per the Birth Certificate / TC. Please use CAPITAL letters while filling in the name)

Scholar's Name .....

Guardian's Name .....

Guardian's Occupation ..... **Relationship** .....

Previous Class & School .....

Date of Birth ***(DD/MM/YYYY)*** | | | | | | | | |

Date of Birth in words .....

Place of Birth ..... **Gender:** Male / Female

AADHAR No. of the Candidate | | | | | | | | | | | | |

Nationality ..... **Blood Group** .....

Religion ..... **Caste** ..... **Category:** SC/ ST/ NT/ OBC/GEN/ .....

Standard to which admitted ..... **Mother tongue** .....

Identification mark .....

Present Address / Guardian's Address.....

..... **Mobile No**. .....

Permanent Address of the parent .....

..... **Mobile. No**. .....

Office Address: .....

..... **Mobile No.** .....

	Father	Mother
Name		
Age		
Ed. Qualification		
Occupation		
Designation		
Office Address		
Mobile No.		
Income Per Month		

Name of the brothers & sisters (class & school)

1. …….

2. …….

3. …….

I hereby declare that the above information about …….

…… is correct. I agree to abide by the rules & regulation of the school and also see that my child/ward abide by them.

…… …… ……...

Signature of Father **Signature of Mother** **Signature of Guardian**

For Office Use

Checked by ……

Admitted on ……

Entered by …….

……

Signature of Principal