

APPLICATION FORM	

Date. :				Application No.: 738		
Affix photo of Father / Guardian		Affix photo of Mother / Guar	dian		Affix photo of Child	
Admission require	d for:					
Grade - I	Grade - II	Grade - III	Grade -	· IV 🗌	Grade - V	
Grade - VI	Grade - VII	Grade - VIII	Grade -	·IX	Grade - X	
lote: Please use capital I Ve, ur son/daughter/ward who		en below to Jain Public				
A. INFORMATION (First Name Gender Male Female		Middle Name Date of E	Las Birth in words	st Name		
Blood Group	Religion	Mother to	ongue	Nationality		
CATEGORY SC/ST	OBC	GEN	OTHERS[
	Languages Opt		Hou	ise Name -	PO THE PARTY	
Language 2 Note: In capital letters only RESIDEN	NTIAL ADDRES		CORRES	PONDENC	E ADDRESS	
Father's/Guardian's Mobile No:		Mother's/Guardian's Mobile No:				
Email ID:		Tem Profile	Email ID:			
Father/Guardian Aadhar card Number		Father/Guardian	Mother/Guardian		Child/Ward	
Preferred Phone Number	er for school SMS:					

Name:	A. DROWNING	Age:	Nationa	ality:
Educational Qua	alification:	Institution:	Δ	
Occupation:		Office Addr	ess:	The state of the s
Designation:	The state of the s			
Annual Income:		Tel:		
/lother/Guardia	an:			
Name:		Age:	Nationa	ality:
Educational Qua	alification:	Institution:		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Occupation:		Office Addr	ess:	
Designation:				
Annual Income:		Tel:		
ingle Parent:	Tick and only if applicable			distribution for the second
ingle Parent.	Tick one, only if applicable Father/Guardian		+1	Mother/Guardian
If child is sponse	The state of the s	T I I I I I I I I I I I I I I I I I I I		
(Name of spons				
Permanent Add				
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	ers / Sisters of the student: Age [[] [] [Name of the Instituti	on	Standard
Name	Age M		on	Standard
Name n case of staff	Age Name & Designation the parent: OF PREVIOUS STUDY	of		
n case of staff	Age N			Standard Grade/Marks obtained in final exam
n case of staff	Age Name & Designation the parent: OF PREVIOUS STUDY	of		

C. ENCLOSURES			
Birth Certificate - original copy			62
Transfer Certificate - original co	opy (if applicable)		(3)
Wellness Form			
Blood Group Report			50
Passport size photos of child (5 copies)		
Passport size photos of parent	s/guardian (2 each)		
Aadhar card copy of parents/g	uardian & child		11
Copies of progress report card	s of the latest year (if applicab	le)	
Community Certificate: for Sch	eduled Castes, Scheduled Tril	bes or Backward Communities	
The above documents (recently atte	ested) must be produced along	g with the filled application form.	Later I
Transportation Form (if Require	ed)		1
Food Form (if Required)			
Please note: Staple all documents	to the top left-hand corner of the	he application	Ш
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DECLARATION			(4)
1,		t my child /ward, into the school a g any evidence needed to support the information provided h	50000000
necessary for any reason. I declare incorrect otherwise, I shall abide by school. I give my consent for emergency me	that the statements provided in the decision of the management easures to be taken in emergen	in this application are correct to the best of my knowledge and if nt. I agree to abide by the rules & regulations and the fee structure cy situation due to an accident / violent injury / medical emergence	found of the wife y. The
nearest hospital to hasten up treatm	ent, the cost shall be borne by r	case of serious emergency will intimate me and admit the child me under all circumstances. hool activities for promotional / educational purpose in social or	
media. I also agree that these photo	graphs will be sole property of t	he organization even after the child leaves the school.	(F)
I give permission to send all school r	related messages in the specific	ed mobile numbers mentioned.	639
Deter		Signature of Parent / Gua	ardian A
Date:		Signature of Farent / Out	ardian (a)
			**
The state of the s		COURT CONTRACT EDITION	
400(v 1676			
			1
TRANSPORTATION DEC	LARATION FORM		
l,		ortation facility for my child /ward	_, into U
	ad to further action or the with	onsible for the behavior of my child whilst travelling, and must a drawal of transport. I shall abide by the decision of the manage are school Transportation	
	Pick-up point / bus	s stop nearest to home	1
	If known		79
	Kms from School		
		D.	

For Jain	Public School
The law instances	
Admission Coordinator	Head of the Institution
Date:	
Admission Number:	Date:
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Deputy of Region School and State of the Sta	
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