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Azamgar Public School	ĥ																							
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Name of the Ward																								
Date of Birth								1			Gei	nder	М		F			Rel	igior	ו [1		
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School's Name (Previous)																								
Board									-		-						-						-	
Class (Last Attended)														٢	latic	nali	ty							
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Parent's Def			Fa	ther			_				Mo	ther				7			G	iua	dia	an		
Name																								
Qualification																								
University/Board																								
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(In APS if any)																								
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Hostel Facil	lity Req	uired	(For	Boys C	only	Class	s III	το Χ	II)			es.			N	О.								

lostel Facility Required	For Boys C	Only Class III to X
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Does the Child have any special needs (dyslexic only)	Yes. No. If Yes, Mention
If School transport required	Yes. No.
Please register my son/daughter/ward named above in whenever required.	your school. I shall produce the original document for verification
Whether the child has any sort of allergy	Yes. No.
	Signature
UNDERTAK	ING / DECLARATION
the information given above by me is correct to the best	guardian of hereby declare that of my knowledge and belief. Admission of the Child may be cancelled, understand that the use of the school transport is optional and can be t to availability of a seat.
Date	Signature
GENERAL RU	JLES & REGULATIONS
Parents and Guardians must read the school's rules and	form carefully and ensure compliance.
Documentation	
 a) To be submitted along with the duly filled registration for i) Birth Certificate from Municipal Corporation (in case ii) Self attested photocopy of the Report Card of last iii) Self attested photocopy of the character certificate 	e of admission in PG/Nursery) and from school last attended for others. class passed.
 b) To be submitted at the time of admission. l) Duly filled application form. ii) Transfer / Migration Certificate in original duly attes or the Board of which the school is affiliated / Recc iii) Candidate's coloured photograph (04 in numbers) iv) Separate photograph of parents and guardian (01) 	

- v) Medical fitness certificate from registered Medical Officer. vi) Copy of Aadhar Card of the student.

Signature

FOR OFFICE USE ONLY

Admission Status

* Admission granted / denied in class ______ for the session 20____ - 20____ as day Scholar / Boarder.

* Date of Retest 1. _____, 2. ____, 2. _____,

* S. R. No. Allotted	
(After Admission)	

* Date of Admission _____

Admission In-charge

Accountant Assistant

Principal