



Sri Guru Harkrishan Sr. Sec. Public School
(Under the Aegis of Chief Khalsa Diwan Charitable Society - Amritsar)

(Affiliated to C.B.S.E. New Delhi)

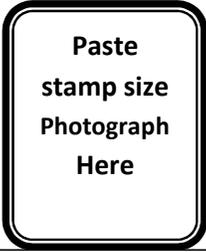
DMY.....

Sector 40-C, Chandigarh

--ADMISSION FORM--

(For Class Pre-Nursery to IX Students Only)

- 1 Name of student in full (Capital Letters) _____ (MALE ___ FEMALE ___)
- 2 Date of Birth (In Figure) _____ (In Words) _____
- 3 a) Father's Name _____
b) Mother's Name _____
- 4 a) Present / Office Address of Father / Guardian _____
b) Permanent Address of Father / Guardian _____
c) Contact Number (if any) Personal _____ (Office / Shop) _____
- 5 Father's Profession _____ Off. Ph. No. _____ Mother's Profession _____ Off. Ph.No. _____
- 6 Nationality _____ Religion _____
Category (Pl. Tick) General _____ Physically Challenged _____ OBC _____ SC _____ ST _____
- 7 a) School last attended (applicable to the students seeking admission in classes I to VIII) _____
b) Class Last Attended _____ e – Aadhaar (UID No.) _____
c) Class to which admission is sought _____
d) Medium of Instructions in the school last attended _____
- 8 a) Language studied upto: English _____ class. Hindi _____ class. Punjabi _____
b) Language speak upto : English _____ class. Hindi _____ class. Punjabi _____
- 9 Any sibling studying in the school:
a) Name(s) 1. _____ Class _____ 2. Name _____ Class _____



- 10 **Children with Special Needs:** (Applicable / Not Applicable) * If Applicable , Complete the following details: _____
a) Type of disability _____
b) If any Medical Certificate / Disability Certificate issued from Govt. Hospital _____ (Yes / No)
c) Percentage of Disability _____
d) Last school attended _____
Special School / Inclusive School with Special Education Centre / Resource Room.
II) Inclusive School without Special Education Centre / Resource Room
Name of the School _____
Medium of Instructions in the school last attended _____ English / Hindi / Punjabi / Others
Class to which admission is sought with stream _____
Any Special medical information about Child (Yes / No) _____ If Yes, then mention / write below _____

- 11 **List of Documents to be Attached:**
a) Date of Birth b) Transfer Certificate c) SC/ST/OBC/Physically Challenged / Divyang Certificate issued by Govt. Hospital/Authority d) Aadhaar UID No. / Residence Proof / Two Passport Size Photographs.

DECLARATION

I hereby declare that I have noted all information and instructions given in the School Prospectus. I agree to abide by the Rules and Regulations of the school and undertake to pay the school fees in advance on the prescribed dates. I will not hold the school responsible for any accident of whatever nature in the school, workshop, playground, work place, outings on the way.

Signature of Parent / Guardian

Dated: _____



Date of Admission DD _____ MM _____ YY _____ Admission No. _____
Class to which admitted _____ House Allotted _____
Receipt No. for payment of fees _____ Dated _____

Dated : _____ Admitted Provisionally: _____ Principal