

AFFILIATION NO. 1031003

Admission Form



ASHOKA GLOBAL SCHOOL

AFFILIATED TO CBSE, NEW DELHI

Office Use Only

Admission Granted to _____ for Class _____

on Dated _____ Admission No. _____

Details entered in database & Checked by - _____

Authority Signature

Principal Signature

A

G

S

Ambah



ASHOKA GLOBAL SCHOOL

PERSONAL DATA OF THE STUDENT

Please Affix a
Coloured
Passport size
Photo

Signature

Admission No. _____ Admission Date / / Reg. No. _____

• Class Applied for _____

• Student Full Name _____

• Date of Birth (In figures)

• Date of Birth (In words) _____

• Gender Male Female

• Category General OBC SC ST Others

• Nationality _____ • Aadhaar No. _____

• Family ID No. _____ • SSSMID No. _____

• Residential Address _____

• Contact No. _____

• Email ID _____

• Blood Group _____ • Birth Mark _____

• Name of the Family Doctor _____

Contact No. _____

• Is the child physically suffering from any major illness? If so, mention the type of disability/ illness

• Schooling History (if applicable) _____

Previous School Name _____

Std. _____ Result _____ Grade(%) _____

• Details of Siblings (Brothers/Sisters) Name _____ Age _____ Others _____

• Other Information _____

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ASHOKA GLOBAL SCHOOL

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• **FATHER'S**

Name _____

Occupation _____

Designation _____

Annual Income _____

Bank Details

Bank Name _____

Account No. _____

IFSC Code _____

Aadhaar No. _____

SSSM ID No. _____

Contact No. _____

Email _____

Address _____

Photo with
Signature

• **MOTHER'S**

Name _____

Occupation _____

Designation _____

Annual Income _____

Bank Details

Bank Name _____

Account No. _____

IFSC Code _____

Aadhaar No. _____

SSSM ID No. _____

Contact No. _____

Email _____

Address _____

Photo with
Signature

• **STUDENT**

Grand Father's Name _____

Grand Mother's Name _____

• Family Criteria

Nuclear Family

Joint Family

• Other Information _____



ASHOKA GLOBAL SCHOOL

• Student's Name _____

• Transport Facility Availing Yes No

• If no, give detail of the authorized persons to pickup the child

Name _____

Address _____

Contact No. _____

Relation _____



Name _____

Address _____

Contact No. _____

Relation _____



• Documents attached

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| a. Attested copy of Birth Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| b. Attested copy of Marksheet/ Progress Report | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| c. Original T. C. from School last attended | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| d. Certificate in case of SC/ST/OBC/Others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| e. Five Copies of Passport Size Photographs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| d. Medical Fitness Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| e. Blood Group (Test report Copy) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| f. Address Proof | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| g. Aadhaar Card Copy/SSSMID Copy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

• I hereby certify that the information given in this application is true and complete to the best of my knowledge and belief. I understand that providing false information could canceled the acceptance / enrollment / continuation of my ward in this School.

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Ambah