

ADMISSION FORM

Class in which admission is sought	Session	Application Form Number	Serial Number: SMRJS/CAMPUS NAME/
Date of form collection	Date of interview (if any)	Date of form submission & admission	

notograp	ohs of Birth Cei		OCUMEN ress Proof	CHECKLIST Photocopy of	Transfe	er Certificate from
hild & Pa	arents of Child	of Ch	nild & Parents	vaccination card	previou	us school (Class 2 & above)
	ease affix latest ort size photograph in colour		Passport si	affix latest ze photograph colour		Please affix latest Passport size photograp in colour
STUDENT			МС	OTHER		FATHER
•••••	••••••		DETAILS O	F STUDENT	••••••	
1. Full Name (in capital letters)		First Name		Middle I	Name	
2.	Date of Birth	MM/DD/YY	3 Ag	3 Age as on March 31, 20		Months Days
4 (a)	Nationality		4 (b) Gender		MALE	FEMALE 3 rd Gender
5 (a)	Aadhar		4 (b)	Languages		

1.	Full Name (in capital letters)	Surname		First Name		Middle Name						
2.	Date of Birth	MM/DD/YY		3 Age as on March 31, 20		Years Months Days						
4 (a)	Nationality			4 (b)	Gender	MALE FEMALE 3 rd Gender						
5 (a)	Aadhar Number				4 (b)	Languages spoken at home						
6 (a)	Religion				6 (b)	Category (pls attach certificates)	GEN	SC	ST	OBC	EWS	Others
7 (a)	Current School & Class	School Name & Address			7 (b)	No. & Date of TC issued by school						
8 (a)	Blood Group	- (-)			y specia s <i>specify</i>	?						
9	Address											

Declaration by Parents/ Guardians

I/We hereby declare that the above information furnished on this form is true and best to our knowledge and that we hereby certify that all parts of the information furnished is accurate. We are aware that furnishing of false information is a criminal offence punishable by Law.

(Signature)	(Signature)
Mother's Name:	Father's Name:



DETAILS OF PARENTS / GUADIANS

<u> </u>	Full Name (<i>in</i>	Mot	her	,	Fathe	ar .		
•	capital letters) Mobile &	Mot			Fathe			
	Email ID							
•	Occupation	Mot	her		Father			
١.	Office Address and Number	Mot	her		Fathe	er		
5.	Nationality	Mot	her		Fathe	er		
5.	Aadhar	Mot	her		Fathe	er		
7.	Local Guardian (if applicable)							
ease n	If parents are a		separated/ widowed, tation, kindly specify	, , , , ,		m is the child living: s above & attach sheet if needed		
			TRA	NSPORT				
Schoo	ol BUS/ VAN req	uired?	☐ YES		NO			
Name		Age	School	Turniny.	Class	Student at any Jaipuria branch?		
	B. Alumni det	ails: Do y	ou know any alumni	of Jaipuria?		_		
Name	e	Schoo	ol	Ye	ar	Relationship		
	☐ FB☐ Reference	☐ Hoar	about Jaipuria? ding/Newspaper): Declaration by lethat the above information we hereby certify that	Parents/ Guard	ians n this forr	Word of Mouth Others: m is true and best to on furnished is accurate.		
	We are a		furnishing of false infor					

FOR OFFICE USE ONLY



This is to certify that a	II details as mentioned or relevant papers have bee		
Date:	Nama & Sianatura		
Date.	Name & Signature of Admission In-Charg	10	
	oj Admission in-charg	<u></u>	
	en admission to Class r and authentic, and realis		ect to all information and ues.
Date:			PRINCIPAL
	FOR FEE	COUNTER USE OF	NLY
Name:			
Admitted to:	Class		Section
ee receipt Number:	Receipt Number	Dated:	MM/DD/YYYY
Name has been entered	in	Yes	No
Class Attendance Regist	er?		
Student Registration Nu	Register Volume		
Withdrawal Register is:		Number	
Details of Fees receive Registratio			
Admissio			
Composite Annua			
Examinatio			
Security D			
•	TOTAL		
TOTAL (in 1			
Mode of payment &	•		
Date:		Offic	e Supervisor/Accounts Office
dmission considered by t	the School is in accordance	e with provisions of the	Board, and approved.
Pate:			

Seth M. R. Jaipuria School, Padrauna