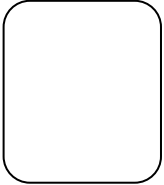


ATMA MALIK ENGLISH MEDIUM GURUKUL & JR. COLLEGE

At. Purangaon, Post. Jalgaon Neur, Tal. Yeola Dist. Nashik , Maharashtra. Email : principalvgg113@gmail.com,
Website : www.atmamalikpurangaon.in Tel.9168661603/9168661617/9168661624/9168661602

ADMISSION FORM

(PLEASE FILL ONLY IN CAPITAL LETTERS)



RESIDENTIAL / DAY BOARDING from

Name of the student:

Surname

First Name

Middle Name

Gender : Male Female Applying for Std..... Date of Birth

Date of Birth in words

Place of Birth: Mother tongue: Nationality:

Religion : Cast : Sub Caste : Category:

Presently studying in.....in Std.....

Previous School UDISE NO. :

Student Adhar Card No.

Student ID No.-

His / Her Father's Name..... Occupation :

Mobile no Email ID :

Parents Adhar Card No

Mother's NameOccupation :

Mobile no. Email ID :

Residence Address :

..... Pin Code :

Correspondence Address :

Phone no. (with STD Code)(R).....(other).....

During the Academics / Emergency, whom to contact: Either of us Only Father Only Mother

His / Her HOBBIES and TALENTS are:

Vocal Music YES / NO Instrumental Music YES / NO, which

Swimming YES / NO Classical Dance YES / NO, which

Skating YES / NO, Game YES / NO, which

He / She can speak / understand / able to write :

Speak Understand.....

Able to write

His / Her MEDICAL HISTORY

Blood Group: Is he / she taking any medication:

Using spectacles: YES / NO.....

Does he / she has any disability: YES / NO

Know him / her better

Is he / she obedient all the time YES / NO

Does he / she gets upset quickly / occasionally

At what time does he / she express his / her discomfort:

Did he / she exposed to television too much / occasionally He/ she possess the virtue of

About His / Her FAMILY:

He / She is living in a Joint Family Nuclear Family Are both the parents working YES / NO

If yes, who is taking care at home until either of you return from work

About siblings:

Name..... AgeRelation..... Studying in Grade

Name..... AgeRelation..... Studying in Grade

Expectation from parents

He/ she is inspired byand would like to be.....

We expect him / her to be, if the school and teacher can investigate his / her talent by using academic, other methods and make use of his / her inner power. We would like to know his /her dream and help the school and teachers to achieve the same.

THIS IS TO CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT AS PER OUR KNOWLEDGE.

.....

.....

.....

Signature of Father

Signature of Mother

Signature of Guardian

Date

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Place:

To be filled by the Office only

Mst./Ms. is granted admission in Std.

for the academic session

The necessary amount of the FEE has been paid.

.....
Signature of the Accounts Officer

We have received the following documents:

Xerox copy of Birth Certificate Original SLC Original Mark sheet of Std. 5 no. Photographs

.....

Signature of the Admission Officer

.....

Signature of the Office superintendent

.....

Signature of the Accountant

.....

Signature of the Principal

Allotted GRN