

LITTLE ANGELS SCHOOL

Khanka Road, Sijubari Chariali, Guwahati-781038, Call: 95311-82353

ADMISSION FORM

Affix 1 recent
passport size
photograph of
the pupil

(Staple 1
extra photo)

Adm. No..... Class in which admission is sought..... Session.....

1. Full Name of Student.....
2. Date of Birth..... 3. Age as on (01-04-20).....
4. Gender: **Male/Female** 5. Category: **SC/ST/OBC/GEN/EWS/PWD** 6. Religion.....
7. Mother Tongue..... 8. Nationality
9. Last School Attended..... 10. Board.....
11. Medium..... 12. Class..... 13. Result..... 14. Percentage.....
15. Aadhaar No..... 16. Birth Certificate No.....
17. Blood Group..... 18. Height..... 19. Weight..... 20. Eye Sight.....
21. Current Address.....
Area..... City..... Pin..... State.....
22. Transport Required: **YES / NO** 23. Distance from School.....KM
24. Details of siblings: (**brother, sister**)
 - a. Name.....Age.....Class.....School.....
 - b. Name.....Age.....Class.....School.....
 - c. Name.....Age.....Class.....School.....

I certify that the date of birth and other particulars entered are correct. I solemnly declare that I shall abide by all the rules and regulations of this school.

Date: _____ **Place:** _____ **Signature of Father/Mother/Guardian** _____

For Office Use Only

Evaluated by..... Date.....

Remarks.....

Photocopy submitted while taking Admission:

Two (2) Photographs	<input type="checkbox"/>	Health Card	<input type="checkbox"/>	Caste Certificate	<input type="checkbox"/>
Birth Certificate (VER/TAM)	<input type="checkbox"/>	Aadhaar Card	<input type="checkbox"/>		
Mark Sheet	<input type="checkbox"/>	Transfer Certificate	<input type="checkbox"/>		

Admitted to Class..... Section..... Fee Booklet No..... Date of Adm.....

Signature of Office In-charge

Signature of Principal

Particulars	Father	Mother	Guardian
One Photograph (Passport Size)			
First Name:			
Middle Name:			
Last Name:			
WhatsApp Number:			
Aadhaar Number:			
Qualification:			
Occupation:			
Income (per month):			