ARUNACHAL PALI VIDYAPITH, CHONGKHAM



Affiliated to the Central Board of Secondary Education, Delhi School No.37184, Affiliation No. 2220145 Chongkham, Namsai District, Arunachal Pradesh-792102 E-mail:principalapvckm@gmail.com, Website: - <u>www.apvschongkham.com</u>

PROVISIONAL ADMISSION FORM FOR THE SESSION-2020-21		
1. Name of the student(in Block Le	etter):	
2. WhatsApp No.		
3. Gender	:	
	Choose \triangle Male Female	
4. Class of Admission	Choose △ I II III IV V V	
	VII VIII	
5. Date of Birth		
6. Blood Group of the Child	:	
7. Religion	:	
8. Caste	: Choose △ ST SC OBC GEN	
9. Name of the Tribe	: GEN	
10. Aadhar No.	:	
11. Mother's Name	:	
12. Contact Number of Mother	:	
13. Occupation of Mother	:	
14. Father's Name	:	
15. Contact Number of Father	:	

16. Occupation of Father	:		
17. <u>Bank Details</u>			
Bank Name	:		
Account Holder Name (Student)	:		
Account No.	:		
IFSC Code	:		
Branch Name	:		
18. Name and Address of Previous			
School	:		
19. <u>Present Address</u>			
Village	:		
Post Office	:		
District	:		
State	:		
Pin code	:		
20. Permanent Address			
Village			
Post Office	:		
District			
	•		
State	:		
Pin code	:		
Undertaking by Students			
I do hereby assure to follow the	guidelines is	ssued by the school. If any irregularity is found on	
student's part, the school can ir	nitiate discip	linary action against him/her. Further, I agree to	
submit my all documents and enc	losures as a	and when the school authority ask for it.	
		Choose \triangle	
		Yes	
		No	
		Submit	
Date :		Signature of Student	
Place :		Signature of Guardian	
FOR OFFICE USE ONLY			
Recommended/Not Recommended for Admission		Admission allowed/rejected	
Authority/Member			
		Principal	
Signature		Arunachal Pali Vidyapith ,	
		Chongkham	