

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: apvssecretary@gmail.com, Website: - www.apvschongkham.com

APPLICATION FORM FOR ADMISSION TO SCHOOL

(Fill up the form in Block Letters)

PHOTO

1. Name of the student: _____
2. Sex/(Male/Female): _____
3. Class in which admission is sought: _____
4. Category: 1) Day Scholar 2) Boarder
5. If day scholar, mode of conveyance: _____
6. Contact No. of Parents: _____
7. Date of Birth : _____ / _____ / _____ (dd/mm/yyyy) (Enclose Birth Certificate)
8. Mother's Name : _____
Occupation : _____
Mobile No. : _____
Whats App No. : _____
Email address (if any): _____
Annual income : _____
9. Father's Name : _____
Occupation : _____
Mobile No. : _____
Whats App No. : _____
Email address (if any): _____
Annual income : _____
10. Permanent Address: Village/Town _____
P.O.: _____ PS.: _____
District: _____ State: _____
Pin code: _____
11. Address for correspondence: Village/Town _____
P.O.: _____ PS.: _____
District: _____ State: _____
Pin code: _____
12. Local Guardian's Name: _____
Relationship: _____
Address : _____
Occupation: _____
Mobile No. : _____
Email address: _____
13. Nationality : _____
14. Religion : _____
15. Caste : _____

16. Aadhaar Card No. : _____ (Mandatory)
17. Aadhaar Card No. of Parents: _____ (Mandatory)
18. Mother Tongue of the Child : _____ (Mandatory)
19. Student's Bank Account No. : _____ (Mandatory)
20. IFSC Code : _____ (Mandatory)
21. Change of School(In case of new applicants)(Mandatory):
- a) Name of the institution last attended: _____
 - b) Medium of Instruction: _____
 - c) Whether the school is recognized: _____
 - d) Name of the Board: _____
 - e) Result of the last examination(State Pass/Fail): _____
 - f) Percentage of Marks: _____
 - g) No. and Date of TC enclosed: _____
 - h) Reason for leaving the last attended school: _____
 - i) No. of Days Child Attended School : _____
 - j) PEN No. (UDISE+) : _____ (Mandatory)

DECLARATION BY FATHER/MOTHER/GUARDIAN:

I hereby declare that the information furnished in this application are true and correct to the best of my knowledge and belief. I further declare that my son/daughter/ward will always obey the rules and regulations of the institution, failing which any action can be taken against him/her as deemed fit and proper by the authority.

The date of birth mentioned is correct and I shall not approach any authority to get the same changed in future (only for those who could not produce the birth certificate).

Place:

Date:

Signature of Father/Mother/
Guardian with Full Name

DECLARATION BY THE STUDENT;

I do hereby declare that I shall always maintain the discipline in and outside the school, obey my teachers, maintain cordial relations with other fellow students and shall never indulge in any activity which may bring bad name to the institution. I also affirm that I shall always obey the rules and regulation of the school failing which the school may take any action against me as deemed fit and proper.

Signature of the Student

FOR OFFICE USE ONLY

Shri/Chow/Miss/Nang _____ is allowed/not
allowed for admission in Class _____ Section _____.

Date _____

Signature of the Head of the Institution

ACTION BY THE OFFICE

The necessary entries have been made in the School Admission Register Volume _____
against Admission Serial No. _____ Dated _____ at Page No. _____.

Signature of the Office Assistant
Name: _____

Signature of the Principal

Medical Information
(Mandatory for Boarders)

1. Name of the student : _____
2. Father's Name : _____
3. Sex : _____
4. Weight : _____
5. Height : _____
6. Blood Group : _____
7. Do your ward suffered/suffering from any Critical disease
(Malaria/Asthma/Typhoid/Jaundice/Others. If yes, mention the disease: _____)
8. Allergic to: _____

Certificate from Doctor

This is to certify that _____ was examined by me and found him/her in sound health/ill health. He/ She is eligible/not eligible for admission in your boarding school.

I wish him/her all the success in life.

Date: _____

Signature of MO
Name:
Designation:
Official Seal: