

Following Photocopies to be enclosed at the time of Admission: -

- 1) Birth Certificate.
- 2) Caste Certificate.
- 3) P.R.T.C.
- 4) Ration Card.
- 5) Parents Voter I.D / Adhaar Card.
- 6) Students Adhaar Card.
- 7) Medical Reports: i) Blood Group. ii) Eye sight. iii) Dental report.
- 8) Character Certificate (Students) Original.
- 9) Parents Joint Passport photo.
- 10) Bank Account No. (Students)
- 11) Parents In come Certificate (Original).
- 12) Medical Fitness Certificate (Original).
- 13) Student Transfer certificate (Original).
- 14) Mark sheet (Original).



GARIA ACADEMY (Model)
An English Medium Co-Educational Senior Secondary School
Affiliated to Central Board of Secondary Education, New Delhi (No.2030015)
Managed by BABA GARIA MISSION (RN 3835/2001) and under overall supervision of
JAMATIA HODA (Apex Body of the Community)

A PLACE TO LEARN, TO PLAY & TO GROW IN A NATURAL BEAUTY

Admission Form

To be filled by office.

Admission No.:- _____ Date Of Admission:- _____

Class to which admission Sought _____ Session:- _____

Photo

Personal Details:-

1. Name of Student:- _____

2. Gender: - Male Female Any Other.

3. D.O.B:- (DD/MM/YYYY) _____

In Words _____

4. Whether the candidate is:-

| | YES | NO |
|--|--------------------------|--------------------------|
| (i) Single Girl Child:- | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Specially able (Divyangjan):- | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Belong to the EWS. (Attached proof wherever applicable) | <input type="checkbox"/> | <input type="checkbox"/> |

5. Category:- (Attached Proof):- SC/ST/OBC/EWS/Others:- _____

6. Aadhar No. (Attached Proof):-

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

7. Name & Address of the last attended school:-

8. Class Last attendant: -

9. Details of Parent:-

| Details | Mother | Father/Guardian |
|----------------------------------|---------------|------------------------|
| Name:- | | |
| Photos:- | | |
| Education Qualification:- | | |
| Residential Address:- | | |
| Phone Number:- | | |
| E-Mail: - | | |
| Occupation:- | | |
| Official Address:- | | |
| Annual Income: - | | |

10. Last School affiliated is:- (Tick the suitable one)

| | |
|----------------------------|--------------------------|
| CBSE | <input type="checkbox"/> |
| ISCE | <input type="checkbox"/> |
| IB | <input type="checkbox"/> |
| State Board | <input type="checkbox"/> |
| Any other (please Specify) | <input type="checkbox"/> |

11. Result of last Class:- **(Attached proof)** _____.

12. Transfer Certificate No. & Date:_____.

13. Details of Siblings (*if any*)

| Name | Brother/Sister | Age | School Studying |
|------|----------------|-----|-----------------|
| | | | |
| | | | |

DECLARATION

I hereby declare that the above information including name of the candidate, Father's/Guardian name, Mother's name and Date of birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the School.

Date:- _____

Signature of Parent/ Guardian

Place _____

Relation with Candidate _____

Correct entries from the Admission Form and Withdrawal Register have been made on dated _____.

Admission Coordinator

Principal



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STUDENT'S PHYSICAL STATUS

TO BE CERTIFIED BY A REGISTERED MEDICAL PRACTITIONER

Student Details:

DENTAL EXAMINATION:

1. Extra Oral
2. Intra Oral
- a) Tooth cavity
- b) Plaque
- c) Gum Inflammation
- d) Stains
- e) Tarter
- f) Bad Breath
- g) Gum Bleeding
- h) Soft Tissue
- i) Teeth Occlusion
- j) Caries
- k) Tonsils
- l) Lymph Nodes

Important Finding:

Remarks:

Date:

Medical Officers' Name & Signature

Place:



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STUDENT'S PHYSICAL STATUS

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Student Details:

EYE SIGHT DETAILS:

1. Right Eye Vision
2. Left Eye Vision
3. Squint
4. Conjunctiva
5. Cornea

Important Finding:

Remarks:

Date:

Medical Officers' Name & Signature

Place: