

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):-

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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

TO BE CERTIFIED BY A REGISTERED MEDICAL PRACTITIONER

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:

For Identity Card

For Office Use only

Admission no. _____

PHOTO

Name of the student:- _____

Father's Name:- _____

Mother's Name:- _____

Address:- _____

Phone No:- _____

Email:- _____

DOB:- _____ Blood Group:- _____