

Lakkadpura, Borsad Road, Petlad M. 99251 76000, 99135 7600

APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY (Please leave blank)

	Academic Year For Class								
	Marks obtained in Entrance test: /								
	Date of application Admission granted / rejected								
l	Documents verified by (Name and Signature) Principal / Vice Principal								
1.	Name of the student (in block letter)								
	Surname First Name Fath	er's Name							
	For class: Stream (for Std. XI) : Commerce S	Science							
2.	. Date of Birth 3. Place of Birth 4.	. Mother Tongue							
5.	In words								
6.	Religion Caste								
7.	Category: Gen / OBC / SC / ST (evidence to be attached)								
8.	School attended last with address:								
	School:								
	Address:								

9.	Fami	ly I	Detai	ls:
J.	I GIIII	ıyı	Detai	13.

	Father	Mother	Guardian (if any)
Surname			
First Name			
Middle Name			
Phone No. (R)			
Phone No. (O)			
Mobile No.			
Whattsapp No.			
E-mail			
Permanent Address			
Educational Qualification			
Occupation			
Annual Income			
10. Details of oth	er children (siblings)		•
1	Name	Std.	School
			-
3			
11. Reason if the	child is with a guardian.		