



ASHOKA PUBLIC SCHOOL

RAIPUR ROAD, SARANGARH (C.G)

CBSE Affiliation No.: 3330191, School Code: 15020

Web: ashokapublicschool.com, Tel No.: 07768-296908, 296905

Email: schoolashokapublic@gmail.com

Admission Form

Student's Profile: (Fill in BLOCK Letter)

Student's Name: _____

Gender: ☐ Male ☐ Female ☐ Others

Date of Birth: __ / __ / ____ Place of Birth: _____

Local Address : _____

Taluka _____ Dist. _____ State: _____ Pin: _____

Permanent Address : _____

Taluka _____ Dist. _____ State: _____ Pin: _____

Mother Tongue : _____ Contact No: 1. _____ 2. _____

Category: ☐ GEN ☐ OBC ☐ SC ☐ ST 3. _____ 4. _____

☐ SBC ☐ OTHER Nationality: _____

Caste : _____ Sub-Caste: _____ Religion: _____

Paste
Photo
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Parents Information:

Father's Name: _____ Mob No : _____

Occupation : _____ Education : _____ Annual Income: _____

Mother's Name: _____ Mob No : _____

Occupation : _____ Education : _____ Annual Income: _____

Guardian's Name: _____ Mob No : _____

Occupation : _____ Education : _____ Annual Income: _____

Relation : _____

Admission Details :

Admission No. : _____ Class : _____ Medium : _____

Bus Facility : ☐ Yes ☐ No From : _____

Hostel Facility : ☐ Yes ☐ No Day-Boarding Facility : ☐ Yes ☐ No

Student's Other Information :

Email Id : _____

Bank Name : _____

Aadhar No. : _____

AccountBelongs to : _____

Blood Group: _____

Account Number : _____

BPL No. : _____

IFSC Code : _____

Previous School Information :

Previous School TC No. : _____

Name : _____

City/Village: _____

Class : _____

State: _____

Grade / Percentage : _____

Passing Year : _____

Pemanent Education Number: _____ Udise Code: _____

Documents Submitted :

Transfer Certificate : ☐ Original ☐ Photocopy Aadhar Card : ☐ Original ☐ Photocopy

Marksheet : ☐ Original ☐ Photocopy Birth Certificate: ☐ Original ☐ Photocopy

Gap Certificate: ☐ Original ☐ Photocopy Address Proof : ☐ Original ☐ Photocopy

Caste Certificate : ☐ Original ☐ Photocopy Income Certificate: ☐ Original ☐ Photocopy

Others: 1. _____ 2. _____ 3. _____

If Brother/Sister studing in this school & if YES, mention their names and classes: ☐ Yes ☐ No

1. _____ 2. _____ 3. _____

Declaration of Parents/Guardian:

I the undersigned, affirm that the information furnished above is correct to the best of my knowledge and belief, and that I will accept as final and binding the decision provided by me is found to be false or incorrect at a later date. The school management is authorized to take any action against me that it deems fit, including legal action. I hold myself responsible for the dues and prompt payment of fees. I have noted that fees one paid are not refundable under any circumstances I understand that non-payment or late-payment of due will be entail penal action. I undertake the responsibility of all his/her dues.

Place: _____

Signature

Date: _____

Important Note :

Name : _____

Signature of In-charge

Verified by

Principal