

## STUDENTS REGISTRATION/ADMISSION FORM

### ONLY OFFICE USE

Admission No : \_\_\_\_\_ /2025

DOA : \_\_\_\_\_ / \_\_\_\_\_ / 2025

Receipt No : \_\_\_\_\_

Date : \_\_\_\_\_ / \_\_\_\_\_ /2025

### ASSAM RIFLES PUBLIC SCHOOL, KHONSA (BASED ON CBSE SYLLABUS)



Student photo

### ADMISSION FORM

1. Name of the Candidate (in BLOCK letters) \_\_\_\_\_
2. Aadhar No. & Blood group \_\_\_\_\_
3. Permanent Education Number (PEN) - \_\_\_\_\_
4. Mother's Name & Occupation \_\_\_\_\_
5. Father's Name & Occupation \_\_\_\_\_
6. Parent's Aadhar No (Father - \_\_\_\_\_ (Mother- \_\_\_\_\_
7. Parents qualification (Father - \_\_\_\_\_ (Mother - \_\_\_\_\_
8. Class to which admission sought \_\_\_\_\_
9. School last attended (Attached Transfer Cert.) \_\_\_\_\_
10. Date of birth \_\_\_\_\_
11. Father's/Guardian's Name with relationship \_\_\_\_\_
12. Present address with Telephone No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Permanent address with Telephone No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Nationality \_\_\_\_\_
15. Caste \_\_\_\_\_
16. Religion \_\_\_\_\_
17. Whether ST/SC & APL/BPL in case "Yes" Certificate should be attached
18. Whether physically handicapped "if yes produced copy of certificate
19. Attached 2 Passport Photos
20. I certify that all the information furnished above are correct to the best of my knowledge and believe that no facts have been hidden and in the event of my son/daughter is admitted to school he/she shall comply and abide by all rules and regulation of the school.

MEDICAL EXAMINATION REPORT

HT- \_\_\_\_\_ CM

WT- \_\_\_\_\_ KG

Blood Group - \_\_\_\_\_

FIT / UNFIT

Date \_\_\_\_\_ 2025

(Signature of Medical officer)

FOR OFFICE USE

Admitted/ Under consideration/ Not admitted

Date \_\_\_\_\_ 2025

(Signature of the Principal)

Regd No . \_\_\_\_\_ Class in which admitted \_\_\_\_\_ Date of admission \_\_\_\_\_