



ARMY PUBLIC SCHOOL, ALWAR

(Affiliated to CBSE, New Delhi- Code No-1730157)

APPLICATION FOR ADMISSION

Affix a Passport size Photograph duly attested by Gazetted Officer

Ser No :

Admission No:.....

1. FULL NAME OF THE STUDENT (In Capital letters) :
2. Date of Birth (In Words) :
- (In Figure)

D	D	M	M	Y	Y	Y	Y
- Age : Year : Month:
3. Authority (attach Birth Certificate from unit) :
- Gender : Male Female
4. FATHER'S NAME (In Capital letters) :
5. Education Qualification :
6. Occupation (a) Army/Navy/Air Force/Defence :
- Civilian :
- (b) Rank :
- (c) Serving/Retired :
- (d) Civilian :
7. Father's Income per month (from all sources) :
- MOTHER'S NAME (In Capital letters) :
- Education Qualification :
- Occupation (a) Army/Navy/Air Force/Defence :
- Civilian :
- (b) Rank :
- (c) Serving/Retired :
- (d) Civilian :
8. Address (a) Office :
- (b) Residential :
9. Class last Studied :
10. School in which last studied :
11. Medium of Instruction :
12. Was the School Recognized or not :
13. School Affiliation State Board/CBSE/Other :
14. Result of Last Examination Passed/Failed :
15. Class to which the admission is sought :
16. Mother Tongue of the Student :
17. Details of Transfer Certificate Attached, if any :
18. Any Kind of Disability/ Allergic to any Drug (if Yes, submit certificate by competent authority) :
19. Hobbies: Art, Music, Embroidery, Cutting & Stitching, Science Club etc :

DECLARATION BY PARENT

I hereby declare that the date of birth of my son/daughter.....
..... and other particulars are correct and that I would not demand any change
in them at any subsequent date. I promise to abide by all school rules & regulations.

(Signature of Parent)

SERVICE CERTIFICATE
(To be filled by Office Only)

1. Certified that Shri/Smt working in the office/Ministry of
.....

2. He/ She is an employee of Defence Service/ CRPF/BSF/NDG/CISF/Central
Govt./Autonomous Body/ Public sector undertaking fully financed by the Central Govt and his/her
service are transferable anywhere in India. (Strike out which is not applicable).

Office Round
Stamp

(Signature)
Name of the Officer
Designation

MEDICAL CERTIFICATE

(To be Signed by Registered Medical Practitioner)

It is certified that Master/Miss S/o / D/o
..... had been examined by me and found
physically and mentally fit/unfit for admission.

Dated :

(Signature with Seal)

PRINCIPAL'S RECOMMENDATION

Admit in class

(Signature of Principal)

OFFICE REMARKS

Admitted in class And allotted section

Office Seal

(Signature of Supdt)

Dated: