E-mail:- celestialbudshighschool@gmail.com /Ph. No.: 01944038653 /9596641736

CELESTIAL BUDS HIGH SCHOOL

CHEKI KAWOOSA, NARBAL

REGISTRATION CUM ADMISSION FORM

FOR OFFICE USE ONLY ADMISSION NO: DATE OF ADMISSION:	AGE ON 31 MARCH OF THE YEAR NURSERY: 3+Yrs LKG: 4+Yrs UKG: 5+Yrs 1st: 6+Yrs	Affix Photograph Of Student
Please admit my ward in: 1: NAME:		
2: FATHER'S NAME: 3: MOTHER'S NAME:		
4: Permanent Address: a) Pin Code:		
b) Village/ Mohallah:		

Tehsil: Cell No. Phone No.
5. Address for correspondence: 6. Date of Birth in figures:
Date Month Year In Words:
7: Age as on 1st April of the year YearsMonthsDays
11: PEN (Permanent Education Number) as per UDISE+ 12: Social category: General /OBC/SC/ST/ALC/Others
13: Caste 14: Blood Group of the student Whether CWSN (Yes/NO)If yes attach certificate.
15: Type of Ration Card (APL/BPL/AAY) (attach proof). 16: Mother Tongue
17: Are you permanent Resident of J&K UT (Yes/NO)Rural /Urban 18: Name and Address of the School last attended with class

20: A	2: Affiliation of last School (CBSE/State Board) in case of any other please specify							
21: A	1: Any Physical ailment							
າາ. ເ	chalarchin racaivad by th	oo student in provious	Acadomic year (Voc.) (NC	<u> </u>				
22. 3	cholarship received by ti	ie student in previous	s Academic year (Yes) (NC)).				
23: If	Yes, State /other	Amc	ount	·				
24: V	Whether the Discharge /T	ransfer certificate is a	attached? (Yes / NO)					
25: N	lo and date of Discharge	/ Transfer Certificate		·				
26: D	oes the student participa	ate in NCC/NSS/ Scou	ts and Guides? (Yes /N	0)				
27: B	us Facility required (Yes	/ NO) if Yes, From		·				
28: A	ny brother /sister/relativ	ve reading in this insti	tution:					
S.NO	NAME	CLASS	ADMISSION NO/ROLL N	O NATURE OF RELATION				
01.								
02.		The same	Decided 1					
	A .			A				
03.				/ / \				
04.	4 1 7			1 1				
				./ /				
^-		1						
05.		1000						
	Family Information (WRI	TE IN CAPITAL LETTE	RS)					
29:	Family Information (WRI		ERS)	Affix				
			ERS)	1				
29:	N C.	15	1105	Affix Photograph				
29: i.	Mother's Name	n	1105	1				
i. ii.	Mother's Name	nation	AL BUDS	_· Photograph ·				
29: i. ii. iii. iv.	Mother's Name Academic Qualification Occupation & Designation Address of Posting (if	nationEmployee)	AL BUDS	_· Photograph ·				
29: i. ii. iii.	Mother's Name Academic Qualification Occupation & Designation Address of Posting (if	nationEmployee)	AL BUDS	_· Photograph ·				
i. ii. iii. iv. v.	Mother's Name Academic Qualification Occupation & Designation Address of Posting (if	nation Employee) num from all Sources	AL BUDS	_· Photograph ·				
i. ii. iii. v.	Mother's Name Academic Qualification Occupation & Designation Address of Posting (if Annual Income per Annual	nation Employee) num from all Sources	AL BUDS	Photograph Of Mother				
i. ii. iii. iv. v.	Mother's Name Academic Qualification Occupation & Designal Address of Posting (if Annual Income per An	enetion Employee) num from all Sources FE IN CAPITAL LETTER	AL BUDS	_· Photograph ·				
i. ii. iii. v. v.	Mother's Name Academic Qualification Occupation & Designal Address of Posting (if Annual Income per An Family Information (WRIT Father's Name Academic Qualification	enetion Employee) num from all Sources FE IN CAPITAL LETTER	S)	Photograph Of Mother Affix Photograph				
29: i. ii. iii. v. v. 30: F	Mother's Name Academic Qualification Occupation & Designal Address of Posting (if Annual Income per An Family Information (WRIT Father's Name Academic Qualification Occupation & Designal	etion Employee) num from all Sources TE IN CAPITAL LETTER on tion	S)	Photograph Of Mother Affix Photograph				

Declaration of parents/student

I certify that I am the parent /Guardian of the child and information given in this form including Name of Student, Father's / Mother's name and Date of Birth furnished by us is true and correct to the best of my knowledge. Moreover, I agree and shall abide all the rules, regulations and procedures issued from time to time by the school Management and will cooperate and follow all the directions of the Institution whatsoever.

Signature of student

Signature OF Mother with date

Signature OF Father with date

DOCUMENTS TO BE ATTACHED WITH APPLICATION FORM

- 1. Date of Birth certificate proof.
- 2. Report/marks card of previous class, if any.
- **3.** School leaving/ Discharge/ Transfer certificate in original of previous school.(counter signed by competent authority).
- **4.** Xerox copy of Aadhar card Student/ Parents.
- **5.** Proof of blood group of student.
- **6.** 04 copies of Passport size photograph of student indicating name.
- 7. 02 copies each of Passport size photograph of Father/Mother/ Guardian.
- **8.** Migration certificate for class 10th.
- **9.** Category certificate, if any.
- **10.** Xerox copy of ration card.
- 11. Xerox copy of Departmental card in case of employee.

FOR OFFICE USE ONLY

Signature of Incharge Admission Section

Principal
Celestial Buds High School