



Alard Charitable Trust

Alard Public School

S. No. 50, Rajiv Gandhi Infotech Park, Marunje, Hinjewadi, Pune - 411 057.
Email : alardpublicschoolaps@gmail.com | Ph. : 020 - 66523792
Web. : www.alardpublicschool.com
Affiliation No.- 1130586
UDISE No. : 27251006724

Candidates
Photo
with
Date

ADMISSION FORM

Student Saral ID _____ S.No.: _____

Admission No. (To be filled by office): _____

Class to which admission sought: _____ Session: _____

1. PERSONAL DETAILS:-

Name	First Name	Middle Name	Last Name

2. Gender: Male Female

3. D.O.B.: Date _____ Month _____ Year _____ (In words) _____

(Attach Date of Birth Certificate issued by the Competent Authority)

4) Religion :- _____ Caste :- _____ Sub Caste :- _____

5) Category: (Attach proof): General SC ST OBC EWS

6) Place of Birth (Village/City/Taluka, Zilla, State Country)

7) Mother Tongue :- _____

8) Details of Parents:-

Details	Father	Mother /Guardian
Name		
Educational Qualification		
Residential Address:		
E-mail:		
Occupation		
Official Address		
Annual Income:		
Mobile No.		

Aadhar No. (of Candidate)

9) Name & Address of the last attended school: _____

10) Class Last attended: _____

11) Last School affiliated is CBSE ISCE IB State Board Any other (please specify)

11. Result of last class: Pass / Fail

12. Transfer Certificate Details:

Transfer Certificate No.: _____ Date of Issue : _____

13. Details of Siblings (if any)

Name	Brother/Sister	Class	School studying in

DECLARATION

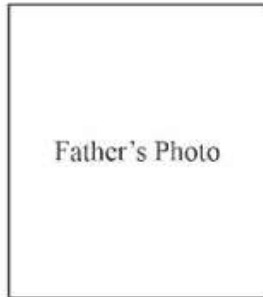
I hereby declare that the above information including Name of the Candidate, Father's/ Guardian's Name, Mother's name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the School.

Date: ___/___/20___

Signature of the Parent(s)/Guardian

Place _____

Relation with candidate _____



Correct entries from the Admission Forms to Admission and Withdrawal Register have been made on page no. _____ on dated _____

As per the furnished information in the form, admission is approved in _____

Documents if not submitted within 2 months admission will be cancelled automatically

Signature of the Principal

For office use only

Admitted to: _____

Date of admission: _____

Document to be submitted

1. Birth certificate (Original) Pre-Primary/ I STD
2. School Leaving Certificate- STD II onwards
3. Medical Certificate
4. Progress / Report Card
5. Passport size photo (2 nos.)
6. Cast Certificate (if applicable)
7. Adhar card

Original

Photo Copy

Admission in-charge

Accountant

Principal