



Shri Agrasen Public School (SAPS)

(A SENIOR SECONDARY CO-EDUCATIONAL ENGLISH MEDIUM SCHOOL)

AFFILIATED TO CBSE DELHI

Agrasen Katla, Maharaja Agrasen Marg, Near Sanganeri Gate, Agra Road
JAIPUR -302003 (RAJASTHAN)

Phone: 0141-2613922, 8000616557, 8000639760

E-mail: sapsjaipur@gmail.com Website: www.sapsjaipur.ac.in

Photograph
of the
Student

ADMISSION FORM

Session: 2022-23

Admission No.(To be filled by office)

Class in which admission is sought for Session ()

1. (a) Full name of the child (in Capital letter):

(b) Aadhar Card No.

(c) Gender: Male Female

2. Date of Birth Day Month year

In words:

Age of the student as on 31st March 2022 Year Month

3. Details of Parents:

Details of Mother/Father	Mother	Father
(i) Name (in capital letters)		
(ii) Aadhar Card No.		
(iii) Occupation		
(iv) Office address with Telephone No.		
(v) Full residential permanent address with Telephone No.		
(vi) Annual Income		

4. **Blood Group of the child**.....

5. **Category :** Gen SC ST OBC

6. **Status :** EWS SG Disabled
Economics weak section (100000 or less than 100000) Single Child Girl Physically Challenged

7. **Name & contact number of local guardian (if any)**.....

8. **Name & Address of the previous school with class:**
.....

9. **No. & date of T.C. issued by previous school with status of result**.....

10. Previous school was affiliated with: CBSE ISCE IB RBSE Any other

11. **Result of Last Class:**

Subject	Maximum Marks	Marks Obtained	% of Marks	Remarks

12. **Details of Siblings (if any):**

Name	Brother/ Sister	Age	School Studying in

13. **Vehicle to be used coming/going school**

1. **Auto/Public Transport** 2. **Cycle** 3. **Scooter/Motor Cycle**
Driving Licence No. (In case of Scooter/ Motor Cycle)
Details of Brother/Sister

DECLARATION BY THE PARENTS

I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief , if any information or document supplied by me found to be incorrect, I will be responsible for the same.

Date:

Signature of Parents

Place:.....

Correct entries from the Admission Form to the admission & withdrawal register have been made on page no. on dated.....

Checked By

Signature of Principal

FOR OFFICE USE

Admission Form No.

Name: Father's Name:

Class: Section:

Residence Address:

.....(Mob. No.).....

Payment of Registration fee.....Date.....Receipt No.....

Form checked by(Signature/Name)

Admission Granted/ Refused.....

Signature of Principal

Fee Details:

Heads	Date	Receipt No.	Amount (`)	Remarks
1 st Quarter				
2 nd Quarter				
3 rd Quarter				
4 th Quarter				

Signature of Office Accountant