



(Affiliated to C.B.S.E., New Delhi)

Itki Road, Behind I.T.I. (Bus Stand), Hehal, Ranchi - 5

| Admn. No. : HCPS/ | |
|-------------------|----------------|
| | ADMISSION FORM |
| | |

Photo

| | ADMISSION FORM | | | | | | | |
|----------|---|----------|---|--|--|--|--|--|
| Date | : | | | | | | | |
| | | | | | | | | |
| 1. | Name of the Student (IN BLOCK LET | TERS) | | | | | | |
| 2. | Date of Birth : (in Figures) | i | in words | | | | | |
| | | | | | | | | |
| 3. | Age: (as on 1 st April) | | | | | | | |
| 4. | Class to which admission is sough | | | | | | | |
| 5. | Name(s) of Brother/Sister studying in this school : | | | | | | | |
| | (i) | | Class: | | | | | |
| | (ii) | | | | | | | |
| 6. | Name & Address of the School | | | | | | | |
| 0. | | | | | | | | |
| | | | | | | | | |
| | Class: | Session: | Result : | | | | | |
| - | Foth and Name | | Educational | | | | | |
| 7. | Father's Name : (IN BLOCK LETTERS) | | Qualification | | | | | |
| | | | | | | | | |
| | Occupation | A | Annual Income | | | | | |
| | Occupation Office Address | | | | | | | |
| 8. | Office Address | | | | | | | |
| 8. | Office Address | | EducationalQualification | | | | | |
| 8. | Office Address | | EducationalQualification | | | | | |
| 8. | Office Address | <i>F</i> | Educational | | | | | |
| 8. 9. | Office Address Mother's Name: (IN BLOCK LETTERS) Occupation | <i>F</i> | Educational | | | | | |
| | Office Address Mother's Name: (IN BLOCK LETTERS) Occupation Office Address Residential Address: | A | Educational Qualification Annual Income | | | | | |
| | Office Address Mother's Name: (IN BLOCK LETTERS) Occupation Office Address | A | Educational Qualification Annual Income | | | | | |
| | Office Address Mother's Name: (IN BLOCK LETTERS) Occupation Office Address Residential Address: (I) Local Address: | A | Educational Qualification Annual Income | | | | | |
| | Office Address Mother's Name: (IN BLOCK LETTERS) Occupation Office Address Residential Address: (I) Local Address: | A | Educational Qualification Annual Income | | | | | |
| | Office Address Mother's Name: (IN BLOCK LETTERS) Occupation Office Address Residential Address: (I) Local Address: | <i>F</i> | Educational Qualification Annual Income Ph./Mob.: | | | | | |
| | Office Address Mother's Name: (IN BLOCK LETTERS) Occupation Office Address Residential Address: (I) Local Address: Email: (ii) Permanent: | A | Educational Qualification Annual Income Ph./Mob.: | | | | | |
| | Office Address Mother's Name: (IN BLOCK LETTERS) Occupation Office Address Residential Address: (I) Local Address: Email: (ii) Permanent: | A | Educational Qualification Annual Income Ph./Mob.: | | | | | |

| 10. | Reli | igion : | | Caste | ə : | Category: SC / ST / OBC / Ger |
|---------|-------|------------|--------------------------------------|---------------------------|----------------------|--|
| 11. | Nan | mes and Ad | dresses of tw | o Guardiar | ns / References : | |
| | (i) | Name:. | | | | Relation: |
| | | Address | : | | | Tel. : |
| | | | | | | |
| | (ii) | Name : . | | | | Relation : |
| | | Address | : | | | Tel. : |
| | | | | | | |
| | | | | | | |
| | | | | | Declaration : | |
| | | | | • | Beolaration . | |
| | 1 | | | | hereby confirm | that the above facts are true to the best of |
| my | | | | | | any omission or failure in furnishing any fact |
| or d | etail | required. | | | | |
| | | | | | | atever existing or may be made or amended |
| | | | is a student of and regulation | | l or till ceases to | be a student after completing the formalities |
| pres | | | | | writy with regard to | the continuation in or dismissal of my ward |
| fron | | school sha | | noor autho | only with regard to | the continuation in or dismissal of my ward |
| | | | | | | 149 |
| Place : | | | Signature of the Parent / Guardian : | | | |
| Date : | | | | Relation to the Student : | | |
| | | nto to bo | submitted (At | tested Co | nies). | |
| Doc | | | | | d by Municipal Co | progration |
| | | | , | | | School last attended. |
| | | | oof (Aadhar Ca | | | o dondor rast alternada. |
| | • 7 | duless Fil | Joi (Addital Ot | ara Acroxy. | | |
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