

CBSE Affiliation Code: 2131001

School Code: 70950

Affix Recently Taken Photograph

EXCELLENCE IN ALL THINGS

ADMISSION FORM

CBSE PG to Grade 12

Manas City, Indira Nagar, Lucknow 226016
Affiliated to Central Board of Secondary Education, New Delhi
Contact: 911 509 9992 | E-Mail: info@ciseducation.org

Serial. No.		_ Admission No	To be filled by office			
Clas	s in which admission sought:					
PE	RSONAL DETAILS					
1	Name of the Student (in Block Letters):					
2	Date of Birth: Day Month Year Month					
	n words:					
	(Attach Date of Birth Certificate					
3	Age of Student as on 31 March 2 0 2 years					
4	Gender: Male Female Religion:					
6	Category: (Attach proof): General OBC SC ST EWS					
7	Aadhar No. (Attach proof):					
8	Details of Parents					
	DETAILS	FATHER/GUARDIAN	MOTHER			
	Name					
	Mobile No. (for school ERP & whatsapp messages)					
	Residential Address					
	E-mail					
	Educational Qualification					
	Occupation					
	Official Address					
	Annual Income					
	Aadhar Number					

Session ____

9	Name and Address of Local Guardian if any:					
10	Name and Address Last Attended School:					
11	Last Attended Class:					
12	Result of Last Class : Attach Marksheet					
13	Last School Affiliated is: CBSE ICSE State Board Any Other					
14	Transfer Certificate No: Date of Issue:					
	In case, the student is from another board, a Transfer Certificate should be countersigned by the Competent Authority.					
15	Interested in Succeed Afterschool / Day Care: Yes No					
16	Details of siblings (if any)					
	Name	Brother/Sister	Age	School Studying in		
a. Copy of Birth Certificate b. Transfer Certificate c. Character Certificate (for Senior Students) d. Copy of marksheets of past two years e. Copy of Aadhar Card of parents and the student f. Two Passport Size Photographs of the student and two of the parents For Pre-primary students, please submit birth certificate from the Nagar Nigam.						
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			Signature of Parent / Guardian		
	R OFFICE USE ONLY nission Granted to:					
Amount Paid: Receipt No.:				Date:		
Mod	Mode of Payment: Cash Cheque DD Online Payment					
	Cashier / Accountant			Principal		