



GEM PUBLIC SR. SEC. SCHOOL

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

PHASE 3B-2, S.A.S. NAGAR, MOHALI (PB.)

Phone : 0172-5090720, 0172-5093734

Photo

Affiliation Code - 1630433
School No. - 20415

ADMISSION FORM

1. a) Name (in capital letters) _____
b) Male / Female _____ (c) Date of Birth _____
(in figures)
c) Date of Birth _____
(in words)
d) Aadhar Card No. _____
e) Class to which admission is sought _____
f) Language(s) spoken at home _____
g) Address _____ Home Tel. No. _____
2. a) Father's Name _____ (b) Occupation _____
c) Office Address _____ (d) Off. Tel. No. _____
3. a) Mother's Name _____ (b) Occupation _____
c) Office Address _____ (d) Off. Tel. No. _____
4. Name & Class of Brother/Sister, if any studying in this school :
a) Name _____ Class _____
5. Name & address of the previous school : a) _____
b) Classes studied _____
6. Whether school conveyance is required _____
7. Whether Day-boarding is required _____
8. Whether applicant belongs to scheduled caste / scheduled tribe _____
9. Whether applicant suffers from any physical handicap/chronic disease _____
If so which ? _____

I understand that all fees are payable in advance.

I understand that one month's notice in writing is necessary in order to withdraw my child, failing which I will be liable to pay equivalent of one month's fee.

Declaration : I have read the rules and regulations of the school and I promise to abide by them and see that my child conforms to the standard required of him/her in conduct and studies.

Signature _____ Date _____

FOR OFFICE USE