

	Public m	igher Seco	ndary Scl	nool
Udh	eywalla, Ja	ammu		
	Affiliated, No			
Registration/Enrolment/Admission Form for Educand, Session 20 Passport si photograph				
Enrolment No.		ssion No. \Box		Educand
Admission sought in	-	Secondamy S	c Sacandamy	
Wing:- Pre-Primary Prin	-	·	(Please tick	the relevant box)
(Note:- Applicants are advised to co Please read the instruction for admis Personal Information: Name of the Educand:-	-		form.	
Date of Birth:- DD	nth 🗌 Year 🗌			
Age as on April vears months days Place of Birth Nationality				
Gender: Boy Girl (Please tick the relevant box) Mark of Identification				
Religion Cas	ste: Gen 🗆 SC 🛛	ST 🗆 RBA 🗆		
				ant box)
Bank Account No.			IFSC code	
Name of the Bank				
			— • – — –	···· ·· _
Mode of Transport:- School Educational Data:	Transport 🗆 F		Tax1 \Box , Car \Box , \Box) (Please tick the rel	
Induggigitight Induggigitight S. No School	Board	Year of	%age of marks	Grade
		passing	тагкя	
Subjects Offered (For Hr	Sec only).			
Subjects Offered (For Hr. Stream: Medical □ No		Commerce	Arts 🗆	
Stream: Medical 🗆 No		Commerce 🗆	Arts 🗆	
		Commerce	Arts 🗆	
Stream: Medical Details of Parent:-				
Stream: Medical 🗆 No Details of Parent:- Father:		Mother:		
Stream: Medical No Details of Parent:- Father: Image: Constraint of the state o		Mother:		
Stream: Medical 🗆 No Details of Parent:- Father:	>n-Medical	Mother: Name:	Arts	
Stream: Medical Note: Name: Name: Occupation:	>n-Medical	Mother: Name:		
Stream: Medical Name: Image: I	>n-Medical	Mother: Name:	ome:	
Stream: Medical Name: Name: Name: Occupation: Monthly Income: Mob. No.	>n-Medical	Mother: Name: Name: Occupation: Monthly Inc Mob. No. Office Ph. No. Res. Ph. No.	ome:	

Permanent Address:-

Address for Correspon	ndence:-	
Medical History of tl		
Blood Group Any Allergies	Vaccination Taken	
Contact in case of E	nergency:-	
Name of the Person:-		
Relationship Address:		Mobile No

Date of Submission:-

Signature of Parent/Guardian

Declaration by Parent/Guardian:

- 1) I submit my child's school leaving certificate/requisite documents.
- 2) I declare that the date of birth given above is correct and the birth certificate is as per the records of municipal cooperation.
- 3) I have read the rules and regulation s and assure that I will cooperate with the school and help my ward to abide the same.
- 4) I undertake to keep the child at the school for full academic term except on bonafide transfer out of Jammu in which case, I shall withdraw my child after paying fee and other dues of the full year.

Signature of Parent/Guardian

Place:

Date:-

-----For Office use only-----

Reg. No
Concession if any
(After showing income certificate & financial status of family)
Admitted in the class section
Receipt No (First dues deposited)

Admission In-Charge

Principal