



Govt Middle School Manzano
192125, Manzano, Mattan Anantnag, J & K
e-mail: msmanzano333@gmail.com



Admission Date: _____

Admission No: _____

Affix photo of Student

APPLICATION FORM

Admission required for : _____

Note : Please use capital letters only.

We, _____ and, _____ wish
to admit our son/daughter whose particulars are given below as a day scholar at Govt Middle School Manzano.

A. INFORMATION OF THE CHILD

First Name

Middle Name

Last Name

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Gender

Date of Birth

Date of Birth in words

☐ Male ☐ Female

DD MM YY

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Blood Group

Religion

Caste

Nationality

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Aadhar No _____

Community SC/ST ☐ OBC ☐ GEN ☐ OTHERS ☐

Languages known

Mother Tongue

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RESIDENTIAL ADDRESS

CORRESPONDENCE ADDRESS

Father's Mobile No.:
E-mail ID:

Mother's Mobile No.:
E-mail ID:

NOTE: IN CAPITAL LETTERS ONLY

Distance from school (in kms): _____ Preferred Phone Number for school SMS: _____

Emergency Contact No. (Res/Mobile)	Name of the person to be contacted	Relationship

FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

Single Parent:

Tick one, only if applicable

Father	Mother
If child is sponsored (Name of sponsoring agency)	
Permanent Address:	

Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard

Incase of staff ward:	Name of the parent:	
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B. DETAILS OF PREVIOUS STUDY

Year	School	Standard/Grade	Grade/Marks obtained in final exams

Awards won so far in sports, arts or academics

MEDICAL HISTORY OF THE CHILD

BIRTH HISTORY :

Birth Details : Normal ☐ Caesarian ☐ Forceps ☐

Birth Cry : Immediate ☐ Delayed ☐

Discharge from Hospital : _____ (Number of days)

Specialize care given in the hospital : Yes ☐ No ☐

If Yes, NICU : ☐ Extended hospital stay ☐

Explain: _____

HEARING :

Any difficulty observed : Yes ☐ No ☐

Any Consultation with doctor done : Yes ☐ No ☐

If Yes, Explain: _____

VISION :

Any Consultation with doctor done : Yes ☐ No ☐

Use of Spectacles/Corrective Lenses : Yes ☐ No ☐

MOTOR MILESTONES (Approx Months) :

Sitting : _____

Standing : _____

Walking : _____

Speech : _____

Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo/hyper)/any other condition :

Any Medication taken for general well being :

Any Allergy / any medical information that school should be aware of :

C. ENCLOSURES (All documents are mandatory at the time of admission)

- ☐ Birth Certificate
- ☐ Transfer Certificate - original copy (if applicable)
- ☐ Vaccination Card Copy
- ☐ Blood Group Report
- ☐ Passport size photos of child (5 copies)
- ☐ Passport size photos of parents (2 each)
- ☐ Aadhar card copy of parents & child
- ☐ Copies of progress report cards for the last 2 years
- ☐ Community Certificate : for Scheduled Castes, Scheduled Tribes or Backward Communities

Please note: Staple all documents to the top left-hand corner of the application

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DECLARATION

I, _____ have the authority to admit my child /ward _____, into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date:

Signature of Parent / Guardian

For Office use only

Admission Incharge Date

Head of the Institution

Date _____