

## **FATHERSON PUBLIC SCHOOL**

Affiliation No: 2130322 School Code: 81101 UDISE Code: 09030601505 Bijnor Road, Siau – Chandpur (Bijnor) – 246725 (M) +91 8923048444, 9811575687

E-mail: fathersonpublicschool09068@gmail.com

Passport Size
Photograph of
the student

## **ADMISSION FORM**

1.	Class in which admission is sought f	or Se	ssion		1	Ad	missio	n No.			
PEI	RSONAL DETAILS:-								(To be	e filled	by office)
2.	Name: (In Capital Letter)										
3.	Gender: Male Femal	e Transgen	der								
4.	Date of Birth:										
	Date of Birth in words:(As mention in Transfer Certificate of	or Birth Certificate	)								
	Age of the student as on 31st March		Year		Mont	th	D	ау		1	
5.	Aadhaar Number:										
6.	PEN Number:										
7.	APAAR ID:										
8. Blood Group: A+ A- B+ B- O+ O- AB+ AB 9. Religion: Hindu Muslim Sikh Christian Buddhist Parsi Jain N 10. Caste Category: General OBC SC ST									B NA		
	Details	Mother			Father						
	Name (in capital letters)										
	Educational Qualification						2.001				
	Mobile Number										
	Occupation										
	Annual Income										
	Residential Address with Pincode										
12.	DETAILS OF SIBLINGS (if any):										
	S.No. Name of Sib	ling	Class	Admission No./School Name							
	i. ii.								-		
	iii.				-						
13.	Name and Address of the last attended										
14.	Last School affiliated with:										
	(i) CBSE (iii) ICSE (iii) IB	(iv) UP Board 🗌	(v) Any o	ther (plea	ase sp	ecify) _					
15.	Class last attended:										
16.	(i) Result of last class: Passed	Essential Repeat	(ii) Po	ercentage	2	(iii)	No. of	days	atter	nded	
17.	Transfer Certificate Details (In case, st	udent is from other bo	oard, TC mus	t be counte	rsigne	d by the o	ompete	ent auth	nority	):	
	Transfer Certificate No: Date of issue:										
18.	Subject proposed to offer (for Class	(ii) (iii) (iii)									
		(iv)		(v)			_ (vi)				
Sigr	nature of the Parent/Guardian:										
Dat	e:										

ACADEMIC CARETAKER DETAILS:							
Name of local guardian :							
Relation with student :							
Address of local guardian :							
Contact No. of local guardian :							
WhatsApp No. of local guardian :							
DECLARATION BY THE PARENTS							
<ul> <li>As a parent/guardian of my ward I declare that I am fully aware of the school fees and allied charges. I further assert that the school fees and all additional charges are well known to me and there is no hidden charge of any sort. Hence, I am willingly and accordingly paying the above mentioned fees and charges to the school.</li> <li>In regard of my ward, I fully understand that the School authorities will not be liable for any damage whatsoever on account of injuries whether fatal or otherwise that may be sustained at any time during his/her stay in the school or while taking part in Sports, Athletics or in any other extracurricular activity whether inside or outside of the school or during commuting by school bus, educational tours, excursions and camps.</li> <li>I will not request for any change in the details filled in the Admission form of my ward such as Candidate Name/Date of Birth/Father's Name/Mother's Name, etc. If any mistake is detected before or after declaration of results, I will accept full responsibility.</li> <li>I assure the school authorities that my child will fulfill the criteria of 75% attendance. If he/she does not fulfill the stipulated number of days, the school authorities will be allowed to take a decision to permit him/her to appear in the examination.</li> <li>I hereby declare that the above information furnished by me is correct to the best of my knowledge &amp; belief. I will be solely responsible for any discrepancies. I shall abide by the rules of the School.</li> </ul>							
Signature of the Parent/Guardian:							
Name of the Parent/Guardian: Relation with candidate:							
Date: Signature of Admission Incharge							
FOR OFFICE USE ONLY							
Admission No. Allotted: Date of Admission:							
Staff ward: Yes No Details of fee concession, if any:							

Signature of Account Department

Signature of Principal