



# IHHS Academy, Bathnaha

Affiliated to C.B.S.E., New Delhi

Form No. ....

## ADMISSION FORM

[USE CAPITAL LETTERS ONLY]

Admission No. ....  
(To be filled in by the office)

Father's  
Photograph

Mother's  
Photograph

Please affix a  
recent colour  
Photograph of the  
child

Aadhaar No.-

We, ..... and ..... desire to have our son/daughter/ward whose particulars are given below, admitted as a day scholar/ hosteller in your school.

### INFORMATION ON THE CHILD

Last Name of the Child

First Name of the Child

Gender

Male  Female

Date of Birth

D	M	Y

Date of Birth in words

Class for which admission is sought

Religion

Nationality

Category

GEN	SC	ST	OBC

### RESIDENCE ADDRESS

Tel.

Fax No.

### CORRESPONDENCE ADDRESS

Tel.

Fax No.

Emergency Contact Numbers/Mobile Nos.

### FAMILY INFORMATION

**Father / Guardian**

Name:

Educational Qualification:

Organization working for:

Designation:

Annual Income:

Age: Nationality:

Institution:

Office Address:

Tel. No.-

**Mother / Guardian**

Name:
Educational Qualification:
Organization working for:
Designation:
Annual Income:

Age:	Nationality:
Institution:	
Office Address:	
Tel. No.-	

**SCHOOL PARTICULARS**

Previous school attended, if any : .....

Recognized/Not Recognized : .....  
(School Transfer Certificate in Original to be submitted alongwith)

Areas in which you as a parent, could contribute to enrich school life in terms of time, skills, etc.  
Please tick where appropriate.

Cultural ..... Medical ..... Media .....

Professional ..... Sports ..... Academics .....

**DECLARATION**

*We hereby certify that the information given in the Registration Form is complete and accurate. We understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission, or expulsion. We have read and do hereby consent to the Terms and Conditions enclosed with the Registration Form.*

.....  
Signature of Mother / Guardian

.....  
Signature of Father / Guardian

**KINDLY FIND ENCLOSED**

- 1. Transfer Certificate
- 2. Birth Certificate (Please bring original documents for verification.)

**FOR SCHOOL USE ONLY**

**Check-List:**

- Medical Form
- Birth Certificate
- Transfer Certificate
- Transportation Form
- Admission Fee

Bursar .....

Date: .....

**Information on student**

Class:- .....

Sections : .....

House Allotted: .....

Head of the Institution .....

Date: .....