

## JAIN ENGLISH MEDIUM SCHOOL (CBSE)

(A Unit of JAIN GROUP OF INSTITUTIONS)

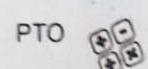
## APPLICATION FORM

Date :		App	lication No.: 768	
Affix Photo of Fater / Guardian	Affix Photo of Mother / Guardian		Affix Phot of Child	
Admission required for:				
Grade - II Grade - II	Grade - III	Grade - IV	Grade - V	
Grade - VI Grade - VII	Grade - VIII	Grade - IX	Grade - X	
lote: Please use capital letters only.				
Ne.	The second secon			
our son/daughter/ward whose particulars are (Loca		ain Heritage/ Jain Englis	sh Medium School at	
A. INFORMATION OF THE CHIL First Name		Last Nam	ne	
110000000000000000000000000000000000000	Date of Birt			
	Date of Birt	urin words		
Male Female			tionality	
Male Female	Mother ton		itionality	
Male Female Religion			itionality	
Male Female Religion  CATEGORY SC/ST OBC	Mother ton	gue Na	itionality	
Male Female Religion  CATEGORY SC/ST OBC  Languages C  Language 2 Lar	Mother ton	gue Na	itionality	
Male Female Religion  CATEGORY SC/ST OBC  Languages	Mother ton	gue Na		
Male Female Religion  CATEGORY SC/ST OBC  Languages C  Language 2 Lar  Note: In capital letters only	Mother ton	gue Na OTHERS	NCE ADDRESS	
Male Female Religion  CATEGORY SC/ST OBC  Languages C  Language 2 Lar  Note: In capital letters only  RESIDENTIAL ADDRESS	Mother ton	gue Na OTHERS ORRESPONDEN	NCE ADDRESS	
Blood Group Religion  CATEGORY SC/ST OBC  Languages C  Languages C  Languages C  RESIDENTIAL ADDRESS  Father's/Guardian's Mobile No:	Mother ton	OTHERS  ORRESPONDEN  Mother's/Guardian's M	Obile No:	d
Blood Group Religion  CATEGORY SC/ST OBC  Languages C  Languages C  Languages C  RESIDENTIAL ADDRESS  Father's/Guardian's Mobile No:	Mother ton	OTHERS  OTHERS  ORRESPONDEN  Mother's/Guardian's Martines	Obile No:	d
Male Female Blood Group Religion  CATEGORY SC/ST OBC  Languages C  Languages C  Languages C  RESIDENTIAL ADDRESS  Father's/Guardian's Mobile No:  Email ID:	Mother ton	OTHERS  OTHERS  ORRESPONDEN  Mother's/Guardian's Martines	Obile No:	d

Nan	ne:	Age:	Nationality	y:
	cational Qualification:	Institution:		
-	upation:	Office Addr	ress:	
	gnation:			
	ual Income:	Tel:		
Callin	oar income.	1,0		
	er/Guardian:		In a second	
Name		Age:	Nationality	r.
A STATE OF THE STATE OF	ational Qualification:	Institution:		
	pation:	Office Addre	ess:	
_	nation:	Land to the section		
Annua	al Income:	Tel:	1	
Single	Parent: Tick one, only if applicable			
	Father/Guardian		М	Nother/Guardian
f child	is sponsored			
Name	of sponsoring agency)			
Permai	nent Address:			
me	of Brothers / Sisters of the student:  Age  Name & Designation	Name of the Institution		Standard
me ase of		of		
me ase of	staff ward:  Name & Designation the parent:			Standard  Grade/Marks obtained in final e
ase of	staff ward:  Name & Designation the parent:  ILS OF PREVIOUS STUDY	of		
ear vious s	staff ward:  Name & Designation the parent:  ILS OF PREVIOUS STUDY	of Standard/G	rade Gra	ade/Marks obtained in final e
ear vious s	Name & Designation the parent:  School affiliated to: State Bo	of Standard/G	rade Gra	ade/Marks obtained in final e

C. ENCLOSURES			( )
Birth Certificate - original	сору		0
Transfer Certificate - orig	nal copy (if applicable)		(3)
☐ Wellness Form			
Blood Group Report			50
Passport size photos of c	nild (5 copies)		0
Passport size photos of p	arents/guardian (2 each)		-
Aadhar card copy of pare	nts/guardian & child		11
Copies of progress report	cards of the latest year (if applicable)		
	Scheduled Castes, Scheduled Tribes or Backward Communities		A
	y attested) must be produced along with the filled application form		M
Transportation Form (if Re			
Food Form (if Required)			A
Please note: Staple all docume	ents to the top left-hand corner of the application		Ш
DECLARATION		· <del>×</del>	(M)
1,	have the authority to admit my child /ward	, into the school as the	魚
parent/ legal guardian. I under	take the responsibility of providing any evidence needed to sup	port the information provided here, if	THE S
	lare that the statements provided in this application are correct to by the decision of the management. I agree to abide by the rules &		
school.	by the decision of the management, ragice to acide by the roles a	regulations and the ree structure or the	00
School will not be held respons	measures to be taken in emergency situation due to an accident / ble for any foreseen incident. In case of serious emergency will in		
	atment, the cost shall be borne by me under all circumstances.		11
	oh / videography taken during school activities for promotional / otographs will be sole property of the organization even after the ch		U
I give permission to send all scho	ol related messages in the specified mobile numbers mentioned.		650
			a
Date:		Signature of Parent / Guardia	n _ ^
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			- 4
			1
			The state of the s
TRANSPORTATION DE	CLARATION FORM		A
1,	have opted for the transportation facility for my child Ave		D . W
the school as the parent/ legal gu	ardian. I accept that I am responsible for the behavior of my control of the further action or the withdrawal of transport. I shall abid	e by the decision of the managemen	1
	ations and the fee structure of the school Transportation.		50
767E	Pick-up point / bus stop nearest to home		
	If known		0
	Kms from School		3.





For Jain Public/Jain Heritage/Jain English Medic	um-School Office use only
Admission Coordinator	Head of the Institution
)ate:	
dmission Number:	Date:

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