

ST. JOSEPH'S HIGH SCHOOL

M.I.D.C., Dombivli (East) - 421 203.

ADMISSION FORM

Photo with Date

S.I	No.								
Adı	mission No. :	_To be filled by office.							
CL	ASS to which admission soug	Session :							
ΡE	RSONAL DETAILS :-								
1.	Name :								
2.	Gender : Male	Female	Any other						
3.	D.O.B. : Date :	Month :	Year :						
	In words								
	(Attach Date of Birth Certific	cate issued by the Competent Au	uthority)						
4.	Details of parents :-								
	Details	Mother	Father/Guardian						
	Name								
	Educational Qualification								
	Residential Address:								
	E-mail :								
	Occupation								
	Official Address :								
	Annual Income :								
5.	Whether the candidate is :-		I						
	(i) Single Girl Child :	Yes	No No						
	(ii) Specially abled (Divyan	No No							
	(iii) Belonging to the EWS:	No No							
	(Attach proof wherever applicable)								
6.	Category: (Attach proof) : General SC ST OBC EWS								
7.	Aadhar No. (Not mandatory) (Attach proof) :								
8.	Name & Address of the last								
9.	Class Last attended :								

10.	Last School affiliated is								
	(i) CBSE	(ii) ISCE (iii) IB		3					
	(iv) State Board		(v) Any other (please specify)						
11.	Result of last class:								
	Subject	Maximum Ma		rks Marks obtained		% of Marks	Remarks		
12.	Transfer Certificate	Details* :							
Tran	sfer Certificate No :_								
Date	of Issue :								
13.	Details of siblings (if any)								
	Name		Brother/Sister Age		School studying in				
	Nume		Diotrici/Sister		rige	361			
			<u>D</u>	<u>ELCLARAT</u>	<u>ION</u>				
Moth		e of Birth f					Father's/ Guardian's Name, knowledge & belief. I shall		
Date	:					Signature	of the Parent (s) / Guardian		
Place	e :	Relation with Candidate :							
	ect entries from the				ıd With	drawal Registe	er have been made on page		
							Ciamakuma aCilka Bila i		

Signature of the Principal

^{*} In case, student is from other board, Transfer Certificate should be countersigned by the Competent Authority.