

## CBSE Affiliation 1730622

## GURUKRIPA PUBLIC SCHOOL

VPO-Sewad Bari-Sikar(Raj.) Pin Code-332041

E-mail-info@gpssewad.ac.in Helpline No.-01572-285201 & 8875016460 Website-http://gpssewad.ac.in

School Code -10968

ADI	MISSION FORM				
S.No Admission No	Date:To be fill	Date			
CLASS to which admission sou	ıght:	Session:			
PERSONAL DETAILS:-					
1. Name :					
2. Gender : Male	Female A	ny other			
3. D.O.B. : Date		ear			
In words					
	ate issued by the Competent A				
4. Details of parents :-					
Details	Mother	Father/Guardian			
Name :	1.100.101	1 401101 / 40411 41411			
Educational Qualification :					
Residential Address:					
Occupation :					
Annual Income:					
Contact No. :					
5. Whether the candidate is:-	V	NI -			
(i) Single Girl Child:	Yes	No			
(ii) Specially abled (Divyan		No No			
(iii) Belonging to the EWS:	Yes	No			
6. Category: (Attach proof): General SC ST OBC EWS					
7. Aadhar No. (Attach proof)	:				
8. Name & Address of the last attended school:					
9. Class Last attended					
10. Subject proposed to offer					

11. Last School affiliate	ed is					
(i) CBSE	(ii) ISCE (iii) IB					
(iv) State Board 12. Result of last class:	(v) Any other	er (pl	ease specify	y)		
Subject	Maximum Marks	Marks obtained		% of Marks	Remarks	
13. Transfer Certificate	Details* :-	1		L		
	ate No :					
Date of Issue	:					
14. Details of siblings (	if any)					
	Brother/Siste	er	Age	School studying in		
Name						
DELCLARATION						
I hereby declare that Guardian's Name, Mot ofmy knowledge & bel	her's name and Date	e of B	irth furnish	ed by me is corre	•	
Date			Signature of the Parent(s)/Guardian			
Place			Relation with candidate			
Correct entries from t beenmade on page no				and Withdrawal	Register have	

## Signature of the Principal

<sup>\*</sup> In case, student is from other board, Transfer Certificate should be countersigned by the Competent Authority.