

PART -I

(Fill the form in BLOCK letters using Blue / Black ball pen and

where required)

APPLICANT'S DETAIL

1 NAME (English)

--	--

(FIRST NAME)

(SURNAME)

NAME (Hindi)

--

2 FATHER'S NAME (English)

--

FATHER'S NAME (Hindi)

--

3 MOTHER'S NAME (English)

--

MOTHER'S NAME (Hindi)

--

4 GUARDIAN'S NAME (If Any)

--

5 DATE OF BIRTH (Figures)

D D	M M	Y E A R	AGE
<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>

DOB (in words)

--

6 DATE OF BIRTH (MOTHER)

D D	M M	Y E A R
<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>

DATE OF BIRTH (FATHER)

D D	M M	Y E A R
<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>

7 GENDER MALE

FEMALE

8 CASTE

--

9 CATEGORY

GN

OBC

ST

SC

10 RELIGION

--

11 MOTHER TONGUE

--

12 CWSN (Child with special need)

<input type="checkbox"/>	Type	PVI <input type="checkbox"/>	HIS <input type="checkbox"/>	LD <input type="checkbox"/>	MD <input type="checkbox"/>
		Low vision	Hearing Impairment	Locomotion disability	Multiple disability

13 NURSERY EDUCATION (IF ANY)

SCHOOL NAME	YEAR	RESULT	% AGE	DIV

14 LOCAL ADDRESS

WARD NO.	WARD NAME	ZONE NO.
PO	DT	
PIN	MOB NO	

15 PERMANENT ADDRESS

WARD NO.	WARD NAME	ZONE NO.
PO	DT	
PIN	MOB NO	

16

PART -II

PARENTS DETAILS

FATHER	OCCUPATION	DESIGNATION	PLACE
ADDRESS			
PO	DT		
PIN	MOB NO		

MOTHER	OCCUPATION	DESIGNATION	PLACE
ADDRESS			
PO	DT		
PIN	MOB NO		

17 PARENTS/GUARDIANS who will visit School/Office

SN.	NAME	AGE	RELATION	CONTACT NO	SIGNATURE
1					
2					
OTHER PHONE NUMBERS		1			
		2			
		3			
Email ID					

PART-III

18 Siblings (Own Brother/ Sister in Campion School Bhouri)

S.N.	Name	Class
1		
2		
3		

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