



यदुवंशी
YADUVANSHI
SHIKSHA NIKETAN
DAY BOARDING & RESIDENTIAL SR. SEC. PUBLIC SCHOOL

AFFILIATED TO CBSE, New Delhi

Please
affix a recent
photograph
of Child

ADMISSION FORM

Admission No. _____ (To be allotted by the School Office) **Day Scholar / Hosteller**
Sir,

I want to get my son/daughter/ward admitted in your school. His/Her particulars and previous school leaving certificate are appended herewith. I assure you that he/she will abide by all the rules & regulations as well as discipline of the institution.

Name of the Student

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Father's Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mother's Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth Gender Male Female
D D M M Y Y Y Y

Class _____ Section _____ Stream _____

Blood Group _____ Religion _____

Category Gen. SC ST BC OBC Other

Permanent Residential Address _____

_____ Pin Code _____

Present Residential Address _____

_____ Pin Code _____

Contact No.(i) _____ (ii) _____ Email _____

Name & Class of Brother / Sister studying in this school: Name _____ Class & Sec _____

Name _____ Class & Sec _____ Name _____ Class & Sec _____

Whether School van is desired Yes No, If Yes Route No. _____ Bus No. _____

Any other Information _____

Signature of Parents / Guardian
Full Name _____