

# ADITYA E.M SCHOOL

SANIVARAPU PET, ELURU, W.G.DIST. AP



## ADMISSION FORM

TO BE FILLED IN CAPITAL LETTERS

FOR 20...20....

ADMISSION NO: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

PLEASE  
AFFIX A  
PASSPORT SIZE  
(PHOTOGRAPH)  
OF THE CHILD HERE

( \_\_\_\_\_ )  
SUR NAME

( \_\_\_\_\_ )  
STUDENT NAME

( \_\_\_\_\_ )  
FATHER NAME

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

AADHAR NO: \_\_\_\_\_

( \_\_\_\_\_ )  
MOTHER NAME

### STUDENT'S DETAILS

ADDRESS: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

MOTHER TONGUE: \_\_\_\_\_

\_\_\_\_\_

WEIGHT: \_\_\_\_\_

CLASS TO WHICH ADMISSION IS SOUGHT: \_\_\_\_\_

\_\_\_\_\_

BLOOD GROUP: \_\_\_\_\_

NAME OF THE PREVIOUS SCHOOL/CLASS: \_\_\_\_\_

NATION: \_\_\_\_\_

GENDER: \_\_\_\_\_

MEDIUM OF INSTRUCTION: \_\_\_\_\_

### PARENT'S DETAILS

FATHER QUALIFICATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PH NO: \_\_\_\_\_

MOTHER QUALIFICATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PH NO: \_\_\_\_\_

ANNUAL INCOME: \_\_\_\_\_

E-MAIL ID: \_\_\_\_\_

### FOR OFFICE USE ONLY

SUB	MAX-MARKS	Marks Obtained
Telugu	15	
English	15	
Hindi	15	
Maths	15	
TOTAL	60	

Class Admitted: \_\_\_\_\_

Admission Fee: \_\_\_\_\_

Total Fee: \_\_\_\_\_

ref. TEACHER

ADMITTED

Sign of the Teacher

Sign of the  
Director/Principal

Note:-

Admission fee once paid will not be refund/Transfer to any body  
School fee to be paid on or before 5th of every month  
Term-1 by June, Term-2 by October, Term-3 by January