Signature head of the office

Swami Teonram							τ	U.D:	ise C	ode:	083	3006	0351	L2	
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(Run by Rashtrothan Sa									ш			PHI	ото)	
			_												
Scholar No. : ADMISSION-FORM															
1. Student's Name															
2. Mother's Name															
3. Father's Name															
4. Aadhar No.															
5. Occupation : (I) Father'sMother's															_
(II) Annual Income (Father/ Mother)															
Permanent AddressTel.															
Mob.(Self)	(Father) _						_(M	othe	er)						_
7. Local Guardian's Address															
8. Date of Birth (in figure)				9.	Nat	iona	ality_								
Date of Birth (in words)															- 20
10. Gender M F 11. Ca	ste (Photoc	opy of	Certi	ficate) GN	١	sc		ST		DBC		Mino	ority	
12. Class in which admission desired	(Class v	vhich	pass	ed p	orev	ious	yea	ır	0 1000					
13. Name of the last school															
14. Previous Board Attended															
15. (I) Percentage scored in class VIII						(Class	s X							
(II) Roll No. in Class X				7 0	_						_				_
16. Optional Subjects for class XI and XII	1.			2.						3.					
	4.			5.						6.					
17. e mail (Father):		e	mail	(Stu	dent):									
18. Blood Group 19. Only Child : Yes / No															
(A) I hereby declare that the documents/certificates produced by me are true. If found false/incorrect, I will be fully responsible about the opposite effect occured.(B) I hereby declare that I have do not any original documents/certificate at this time. I will submit them within 15 days															
RECEIVED THE T.C., MARKSHEET, BIRTH CER	TIFICATE, I.D.	Proof.													
Student's Signature									Fathe	er's/G	uard	lian's	Sig	ınatı	ure
	FOR OFF														
Students's Name															
position, the Students is able / unab	le to be adr	nitted.	So	ne / s	she i	is g	iven	/ no	ot giv	e adr	nissi	on ir	the)	
class									_	natu					
Student		_ in cla	ass _			_ \$	secti	on _			i	s ad	mitte	ed	
Original T.C. Mark	Sheet 🗌			Bi	rth (Cert	tifica	ate			Mig	gratio	on [
Certificate is check & Received Amo	unt Rupees				_ R	ece	ipt N	lo			D	ate _			

1-SA-6, Dadabari Kota (Raj.) 324009, Ph.: 0744-2504637, 92144-26333, Website: www.alokschoolkota.org,