



GANGA INTERNATIONAL SCHOOL

Co-Ed. Sr. Sec. School Affiliated to C.B.S.E (Aff. No. 531014)

Kablana, Jhajjar-Bahadurgarh Road, Distt.Jhajjar (Haryana)

Ph. : 8684000912, 01251-239487

APPLICATION FOR REGISTRATION AND ADMISSION

ACADEMIC SESSION :

Application Form No.:

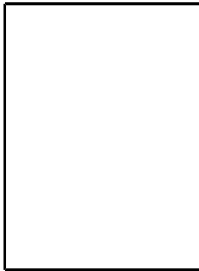
Registration Fee Receipt No.:

The
Principal
GIS

Please register Master/Miss.....for admission to Class..... for the academic session 20.....-20..... I certify that particulars given below are true and correct I have read the school prospectus and agree fully to abide by the rules and regulations written there in or is modified by the school from time to time.I undertake full responsibility for the payment of all the fee bills and settle any other dues promptly in the account of my Son/Daughter/Ward . I shall give one month's notice of withdrawal or shall pay one month's fee in leave of notice. I accept the decision of Principal with regard to school discipline is final and binding .I certify that the Boy/Girl is not suffering from any contagious/constitutional/hereditary disease or infirmity.

Date:.....

Signature of Parents/Guardian.....



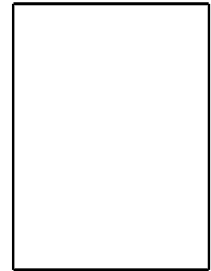
Student's Photograph



Father's Photograph



Mother's Photograph



Guardians Photograph

PARTICULARS OF THE STUDENT

Student Name : _____

Class to which admission is sought : _____ Gender : _____

Date of Birth (in figures) : _____

Date of Birth (in words) : _____

Age as on (1st April) : Days Months Years

Place of Birth : _____ Nationality : _____

Religion : _____ Mother Tongue : _____

Student Passport No. : _____ Valid up to : _____

Aadhar Card No. : _____ Social Category : _____

Height(In cms) : _____ Weight(in Kgs) : _____

Blood Group : _____ Boarding Category : _____

PARTICULARS OF PARENTS / GUARDIAN

	Father	Mother	Guardian
Name			
Qualification			
Occupation			
Designation			
Annual Income			
Email ID			
Mobile Number			
Aadhar No.			

SIBLINGS DETAILS

Is any real brother/sister studying in the school? if yes please specify the following details _____

Name	Class	Section	Admission No.

PARENTS CONTACT DETAILS

	Correspondence Address	Permanent Address
House No.		
Street No.		
Village/Colony		
Town/City		
District		
State		
Pin Code		
Country		
STD Code		
Telephone No (O)		
Telephone No (R)		
Mobile No.		
Email		

GUARDIAN CONTACT DETAILS

House No.	
Street No.	
Village/Colony	
Town/City	
District	
State	
Pin Code	
Country	
STD Code	
Telephone No (O)	
Telephone No (R)	
Mobile No.	
Email	

Name of person applying for Registration & Admission _____

Relationship _____

Address _____

PREVIOUS SCHOOL DETAILS

Name of School Last Attended : _____

Town/City : _____

Is that School Recognized? : _____

If yes, state the name of the Board : _____

Proficiency in any game : _____

Reason for leaving the school : _____

OTHER DETAILS

Whether School Transport is required or not? : _____

If Yes, Pick up Address : _____

Drop Address : _____

Is your child suffering from illness?(please specify if any) : _____

Specific Achievements (If any) : _____

Any special consideration expected from the school in view of the the child's peculiar health condition : _____

SCHOLARSHIP UNDERTAKING

I have admitted my ward _____ in Ganga International School in Class XI under _____ % Scholarship. I undertake full responsibility to give back all the scholarship benefit given to my ward in the school, if I withdraw my ward before the XII Board Examinations or if my ward is suspended/rusticated from the school on disciplinary grounds or if he does not continue to score at least 70% marks in all the individual subjects he is studying at any point of time in Class XI or XII.

Date : _____

Signature of Parent/ Guardian

D.O.B UNDERTAKING

I do hereby solemnly declare that the date of birth in respect of my son/daughter/ward _____ furnished by me in this form is according to the best of my knowledge/Municipal record, is correct and that I have concealed nothing, while making the above statement and I will have no claim for a change in the date of birth mentioned above by virtue of this affidavit.

Date : _____

Signature of Parent/ Guardian

ADMISSION TEST REPORT / MARKS DETAILS

ADMISSION TEST CONDUCTED ON

D

D

M

M

Y

Y

Y

Y

	SUBJECTS	MAX. MARKS	MAX. OBTAINED
1)			
2)			
3)			
4)			
5)			

SPECIAL REMARKS IF ANY _____

UNDERTAKING BY PARENTS / LEGAL GUARDIAN

I/ We, Mr. _____ & Mrs. _____
Parent(s) of _____ if admitted to class do hereby declare that we shall abide by the rules and regulations of the institution . I/We do hereby undertake also to withdraw my/our child/ward in the greater interest of the institution in case he/she violates the school discipline.

I _____ declare that the information furnished above is true to the best of my knowledge .I also promise that I will abide by the rule and regulations of the school.

(Signature of Father)

(Signature of Mother)

(Signature of Legal Guardian)

Date : _____

Date : _____

Date : _____

ADMISSION & WITHDRAWAL DEPARTMENT

This is to certify that all the entries have been made in the Admission Register after verification. He/She is assigned Admission No. _____ The name has been entered in the register of class _____ Section _____ House _____ and other required information filled in at the related place/(s) in it.

House Name _____

Date of Admission _____

DOCUMENTS

Proof of DOB/ Birth Certificate	<input type="checkbox"/>
SLC/Transfer Certificate	<input type="checkbox"/>
Report Card of Last Qualifying Exam	<input type="checkbox"/>
Copy of Aadhar Card	<input type="checkbox"/>
Copy of VISA/PP	<input type="checkbox"/>
Copy of Other Documents	<input type="checkbox"/>
Copy of Mother's Aadhaar Card	<input type="checkbox"/>
Copy of Father's Aadhaar Card	<input type="checkbox"/>
Copy of Guardian's Aadhaar Card	<input type="checkbox"/>

(FOR OFFICE USE ONLY)

- | | |
|---|----------|
| ❖ Self Attested photocopy of Birth Certificate | (Yes/No) |
| ❖ Self Attested photocopy of Adhaar Card, Voter ID,PPP of Mother & Father | (Yes/No) |
| ❖ Document submitted by Parents along with the application form | (Yes/No) |
| ❖ SLC/Transfer Certificate(Countersigned) | (Yes/No) |
| ❖ Details (like name/DOB etc.)are cross checked with the documents attached Of
essential documents required for admission, list of pending documents | (Yes/No) |

1..... 2..... 3..... 4..... 5.....

- | | |
|--|----------|
| ❖ If availing transport, the form is attached with this application | (Yes/No) |
| ❖ If child is weak in academics,conditional form is attached with application | (Yes/No) |
| ❖ Undertaking of no change in personal detail of Students(Name&DOB)and
students' Mother, Father Name details(particularly IX-XII) | (Yes/No) |

Name and Signature of Admission In-charge

Date : _____

Principal Signature

Date : _____

SUBJECTS (FOR XI & XII ONLY)

Please select the subjects you wish to apply for :

<div><input type="checkbox"/></div> <div>SCIENCE (MEDICAL)</div>	<div><input type="checkbox"/></div> <div>SCIENCE (NON-MEDICAL)</div>	<div><input type="checkbox"/></div> <div>COMMERCE</div>	<div><input type="checkbox"/></div> <div>HUMANITIES</div>
1)	1)	1)	1)
2)	2)	2)	2)
3)	3)	3)	3)
4)	4)	4)	4)
5)	5)	5)	5)
6)	6)	6)	6)

Remarks by HOS : _____

Name and Signature of Admission In-charge

School Account Name & Signature

Date : _____

Date : _____

Principal Signature

Date : _____