

## **APPLICATION FORM FOR ADMISSION 2023-24**

## **CENTRAL AVENUE UNIT**





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+91 033 40659086 Affix a Affix a Affix a passport size passport size passport size photograph of photograph of photograph of the student father mother **REGISTRATION NO. CLASS APPLIED FOR:** STUDENT'S DETAILS **STUDENT'S NAME: GENDER: MALE FEMALE DATE OF BIRTH: SOCIAL CATEGORY: MOTHER TONGUE: NATIONALITY: BLOOD GROUP: SECOND LANGUAGE: MOBILE NO.: AADHAAR NO.: RELIGION: PLACE OF BIRTH: LAST SCHOOL:** DOES THE STUDENT HAVE ANY SIBLING IN THIS SCHOOL? Class & Sec. Presently studying in S. No. Name Adm No. 1 2

## **RESIDENTIAL ADDRESS: PERMANENT ADDRESS:**

## PARENT INFORMATION

| FATH  |  |   | IEF | R                 | MOTHER                |  |
|---|--|---|-----|-------------------|-----------------------|--|
| а   | Name   |   |     |                   |                       |  |
| b   | Qualification  |   |     |                   |                       |  |
| С   | Occupation / Profession  |   |     |                   |                       |  |
| d   | Organization   |   |     |                   |                       |  |
| е   | Official Address   |   |     |                   |                       |  |
| f   | Mobile No.   |   |     |                   |                       |  |
| g   | Email Id   |   |     |                   |                       |  |
| h   | Annual Income  |   |     |                   |                       |  |
| GUARDIAN INFORMATION  Guardian Name:  |  |   |     |                   |                       |  |
| R   | elation:   |   |     | Qualification:    |                       |  |
|   |  |   |     |                   |                       |  |
| Occupation:   |  |   |     | Telephone No.:    |                       |  |
| Address:  |  |   |     |                   |                       |  |
| Mobile:   |  |   |     | Email Id:         |                       |  |
| Does your child have any medical or Psychological disorder?  Medical Details:   |  |   |     |                   |                       |  |
| I/We hereby certify that the above information provided by me/us is correct, if the information is found to be incorrect or false, the ward shall be automatically disqualified from Selection/Admission without any correspondance. I/We understand that the application/Registration does not guarantee admission to my ward. I agree to abide by the rules and regulations of the institution. |  |   |     |                   |                       |  |
| Date:   | Sign. of the F   | ather _   | S   | ign. of the Mothe | Sign. of the Guardian |  |
|   | DOCUMENT   | S TO BE SUBMITTED                               | ) A | T THE TIME OF IN  | ITERVIEW              |  |
| •   | Two passport size student's and Photocopy of Birth Certificate Photocopy of Aadhaar Card. Photocopy of the Report Card Original Transfer Certificate. Photo Identity and address photocopies of qualification of | e.<br>d of the previous sch<br>roof of parents. | 100 |                   |                       |  |

FOR OFFICE USE ONLY

Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_

Rejected / Admitted to Standard: \_\_\_\_\_

Note: Please carry original documents for physical verification.