GLOBAL INDIAN INTERNATIONAL SCHOOL

Near Shikargarh Palace, Shri Yade Nagar, Nandra Kalla, Shikargarh, JODHPUR-342027 (Raj.)
E-mail: giisjodhpur@gmail.com Website: www.giisjodhpur.com Phone: +91 9772222622

ADMISSION FORM

D.O.A. : Date..... **Month**..... **Year**.....

In words.....

Admission No..... (To be filled by office.)

CLASS to which admission sought..... **Session**.....

Stream & Subjects (if applicable).....

PEN: ..... **APAAR:** .....

AADHAR No.: ..... **Category: General/SC/ST/OBC/EWS**

Photo with Date

PERSONAL DETAILS:-

1. Name:.....

2. Gender: Male ☐ Female ☐ Any other ☐

3. D.O.B. : Date..... Month..... Year.....

In words.....

(Attach Date of Birth Certificate issued by the Competent Authority)

4. Details of parents:

Details	Mother	Father / Guardian
Name		
Educational Qualification		
Residential Address		
Contact No.		
E-mail		
Occupation		
Official Address		
Annual Income		

5. Whether the candidate is:

(i) Single Girl Child: YES ☐ NO ☐

(ii) Specially abled (Divyangjan): YES ☐ NO ☐

(iii) Belonging to the EWS: YES ☐ NO ☐

6. Name & Address of the last attended school:……

……..

7. Class Last attended……

8. Last School affiliated is

(i) CBSE ☐ (ii) ISCE ☐ (iii) IB ☐

(iv) State Board ☐ (v) Any other (please specify)……

9. Result of last class:

Subject	Maximum Marks	Marks obtained	% of Marks	Remarks

10. Transfer Certificate Details*:

Transfer Certificate No…… Date of issue……

11. Details of siblings (if any)

	Brother / Sister	Class	School studying in
Name			
Name			
Name			

DECLARATION

I hereby declare that the above information including Name of the Candidate, Father's / Guardian's Name, Mother's name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the School.

Date…… Signature of the Parent(s) / Guardian

Place…….. Relation with candidate……

Correct entries from the Admission Forms to Admission and Withdrawal Register have been made on page no……. on dated……

Signature of the Principal

* In case, student is from other board, Transfer Certificate should be countersigned by the Competent Authority.

---------- For Office Use ----------

SNO	DOCUMENT SUBMITTED		SNO	DOCUMENT SUBMITTED	
1	Transfer Certificate of previous school (Original)		5	AADHAR Card (P. C.)	
2	Marksheet of previous Class (P.C.)		6	Birth Certificate (P. C.)	
3	APAAR ID		7	2 Passport size Photos	
4	PEN		8	Family Photograph	

Registration Data for Classes- 9 to 12

Registration No. (Applicable for Class X / XII): ……..

Name of Candidate: …….

Mother's Name: …….

Father's Name: ……

Gender (Male / Female): …….

Date of Birth: ……

Category (Gen / SC / ST / OBC): …….. (Attach Proof)

Do you belong to Minority Section (Muslim / Christian / Sikh / Jain)? (NA / YES / NO) Please mention: …….

Person with Disability (PwD)? (NO / Visual Impairement / Hearing Impairement / Locomotor Disability / Dyslexic / Spastic / Autistic): …….. (Attach Proof)

Mobile No: ……

Email ID: ……

Aadhar No: ……. (Attach Proof)

Subjects: …….

Annual Income: …….

Details of Sec / Equivalent Exam Passed: Roll No. ……. Year……..

Exam (SSE / SSCE / Secondary / NIOS / ICSE / IB / OTHERS)……..

Board……

Only child of the parents (YES / NO): ……

SR No. & Date of Admission (To be filled by Office): ……. ……..

TRANSPORT CONSENT FORM

I, ……. , hereby grant permission for my child, …….. , to use the school transport facility provided by Global Indian International School.

STUDENT DETAILS

Name: ……

Class: ……..

Bus Pickup/Drop Point: ……

PARENT/GUARDIAN DETAILS

Name: ……

Contact Number: ……

Email ID: ……

SIGNATURE

Signature of Parent/Guardian: _____

Date: _____

HEALTH AND WELLNESS FORM

Student Name: ……

Admission No. : …… Blood Group: ……..

Mother's Blood Group: …….

Father's Blood Group: ……..

Child with special needs (CWSN): Yes/ No

ALLERGIC TO ANY FOOD, ADHESIVE TAPE, BEE STING, ETC.: Yes/ No

Does the child have any problem during physical activity: Yes/ No

Components	Parameters	Result
Vision	RE/ LE	
Teeth Occlusion	Caries/ Tonsils/ Gums	
Anaemia	Yes/No	
General Body Measurements	Height	
	Weight	
Health Status	Pulse	
	Blood Pressure	
Posture Evaluation	If any: Head Forward/ Sunken Chest/ Round Shoulders/ Kyphosis/ Lordosis/ Abdominal Ptosis/ Body Lean/ Tilted Head/ Shoulders Uneven/ Scoliosis/ Flat Feet/ Knock Knees/ Bowlegs	