



GLOBAL INDIAN INTERNATIONAL SCHOOL

Near Shikargarh Palace, Shri Yade Nagar, Nandra Kalla, Shikargarh, JODHPUR-342015 (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

Religion (Hinduism/Islam/Sikh/Christianity/Buddhism/Jainism):.....

Caste:..... House:.....

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
Name		
Educational Qualification		
Residential Address with Pin Code		
Contact No.		
E-mail		
Occupation		

Photo
with
Date

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	Category Certificate	

Guardian Details:

Name:.....

Gender:..... Occupation:.....

Address:.....

Contact No:.....

E-mail:.....