



GURU AMAR DASS PUBLIC SCHOOL

UCHA BET, KAPURTHALA
 AFFILIATED TO C.B.S.E, NEW DELHI
 AFFILIATION NO. 1630685, SCHOOL CODE 20668

Email : gadps.kpt@gmail.com

Website: www.gadps.in

ADMISSION FORM

(20__ - 20__)

(To be filled by Parent or Guardian)

Admission No. _____ Aadhaar ID: _____ Dated: _____

1. Name of the Student : _____
(in block letters)
2. Class in which admission is sought: _____
3. Name of the Last Institution : _____
4. Name of Father (in block letters) _____
Occupation: _____ Phone No. _____
5. Name of Mother (in block letters) _____
Occupation: _____ Phone No. _____
6. Name of Guardian (If Applicable) _____
Occupation: _____ Phone No. _____
7. Date of Birth (in figures) : _____
(in words) : _____
8. Gender : _____ Nationality : _____ Religion : _____ Caste/Tribe _____
9. Permanent Address : _____
10. Medical Condition/Any Allergies : _____

Please affix a
recent photograph
of the child here

11. Document Submitted (Please Tick)

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Transfer Certificate |
| <input type="checkbox"/> Passport Size Photograph | <input type="checkbox"/> Aadhaar Card |
| <input type="checkbox"/> ID Proof of Father | <input type="checkbox"/> ID Proof of Mother |
| <input type="checkbox"/> Any Other Document: _____ | |

12. Declaration :

I hereby declare that the information provided above is true and accurate. I shall abide by the rules and regulations of Guru Amar Dass Public School.

Date: _____

Parent or Guardian Signature _____

Principal's Signature

with Seal _____