



PKM ENGLISH MEDIUM SCHOOL

Dhaligaon, Bongaigaon, Assam-783385
Affiliated to CBSE New Delhi, CBSE Affiliation No: 230178
Ph. No.:03664-241144. Email: pkmemscl@gmail.com

NEW ADMISSION CUM REGISTRATION FORM

SESSION: 20..... TO 20.....

Paste Latest
Passport Size
Photograph

FOR OFFICE USE ONLY

Admission No : Admission for Class : House Name :

Please fill in BLOCK letter (Please fill all the details carefully & neatly in capital letters)

I-Student Details :

First Name :

Middle Name :

Surname :

Date of Birth : Gender : Male Female

Age as on 1st April 20..... Year Month Days

Mother Tongue : _____ Nationality : _____

Religion : _____

Whether belongs to SC / ST / OBC / MOBC : Yes No

(If yes, please submit attested photocopy of certificate issued by competent Government authority)

Present address : _____

Correspondence address : _____

(If present address same as correspondence address please tick)

Emergency Contact No. :(R) _____ (M) _____

[Signature]
Manager

PKM E.M. School, Dhaligaon
Bongaigaon, Assam

[Signature]
Principal
PKM E.M. School, Dhaligaon
Bongaigaon, Assam

II-Parents Guardian Details :

Mother

*Paste Latest
Passport Size
Photograph*

Father

*Paste Latest
Passport Size
Photograph*

Local Guardian

*Paste Latest
Passport Size
Photograph*

Mother's Name : Mrs.

Designation & Office address (If Employed) : _____

Father's Name : Mr.

Profession/Designation (If Employed) : _____

Office Address : _____

Contact No. : (R/O) _____ (M) _____

Residential Address (Permanent) : _____

Local Guardian's Name : _____

Address : _____

Contact No. : (R/O) _____ (M) _____

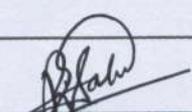
III - Family Details : (Any sibling admitted in different class of this school or any other schools)

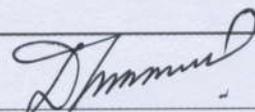
1) Name :

Class : _____ School : _____

1) Name :

Class : _____ School : _____


Manager
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Bongaigaon, Assam


Principal
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Bongaigaon, Assam

IV-Previous School Record :

Name of previous School Attended : _____

Class in which he/She was studying : _____

Address of Previous school : _____

V- Medical Record :

Blood Group : _____ Weight : _____

Height : _____ CM

General Health Condition : _____

Child's Allergies (If Any) : _____

Allergic to any particular Medicine : _____

VI- If you have anything special to share about your child, please mention here.

(For e.g. Academics, Achievements, awards, Special talent, Health, Guardianship, etc.)

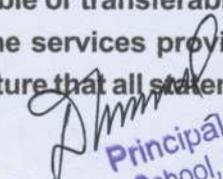
VII - Declaration :

I _____

Parent / guardian of _____

Acknowledge and accept that school rule and policies as well as its fee structure may change from time to time, sometimes due to external factors such as change in the law, ministry regulation, guidance or market condition. We are fully aware that the fee once paid is not refundable or transferable under any circumstances. We also agree that the school accepts no liability for the services provided and we agree to indemnify the school for the same. Hereby, I certify with my signature that all statements in this document are true. I certify that I am the bonafide guardian of the child.


Manager
PKM E.M. School, Dhaligaon
Bongaigaon, Assam


Principal
PKM E.M. School, Dhaligaon
Bongaigaon, Assam

Day/ Month/ Year

Father's Signature

Mother's Signature

Guardians's Signature

ACTION ADMISSION DEPARTMENT

Transfer certificate Sl. No. : _____ Date : _____

School : _____

Birth certificate Sl. No. : _____ Date : _____

Issued By : _____

Passport Size Photograph Received (Recent)	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Report Card Received	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Game & Sports Certificate Received	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other Certificate (Act)	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other Certificate (CCA)	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

I have received, checked and verified all above documents. All entries have been made in Admission Register against Admission No.

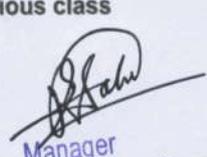
Day/Month/Year

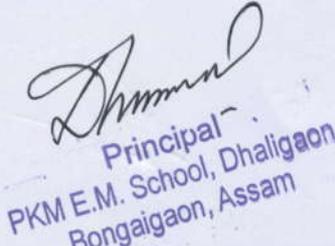
Signature of Admission Incharge

FOR OFFICE USE ONLY

Documents Check List (Please Tick)

1. Admission Form Duly Completed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Copy of Birth Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Copy of SC/ST/OBC Certificate if any	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Three Passport size photograph of Child	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Original Transfer Certificate duly attested practitioner (Not Mandatory)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Medical Certificate by a certified medical practitioner (Not Mandatory)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. Details of allergies and any other chronic ailment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8. Copy of Residential / Address Proof	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9. Photographs of the parents to be attached to Admission form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10. Blood Group Proof/Report (Enclosed with form)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
11. Mark sheet of previous class	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>


Manager


Principal
PKM E.M. School, Dhaligaon
Bongaigaon, Assam

Day/Month/Year

Signature of Admission Incharge

NOTE : ADMISSION FORM AND PROSPECTUS IS RS. 230/- WHICH IS NOT REFUNDABLE ONCE PURCHASED.