



Navgrah Shikshan Prasarak Mandal's

ANGELS PUBLIC SCHOOL

Add: At- Post- Kiwale, Tal-Haveli, Dist-Pune-412101

Email Id: apsjc.school@gmail.com

Mob: 8698401007 / 8698501007

ADMISSION FORM

Photograph
of Child

Form No.: _____ School Registration No.: _____

Date: _____ Student UID No.: _____

STUDENT PROFILE

Name Of Student
(In Capital Letters)

--	--	--	--	--	--	--	--

Date Of Birth (In Figure)

D D M M Y Y Y Y

Adhar No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Place Of Birth

Dist _____ State _____

Seeking Admission To

Academic Year

--	--	--	--	--	--

Gender

Male

☐

Female

☐

Blood Group

Religion

Caste

Category

Residential Address

Pin Code

--	--	--	--	--	--	--	--

Contact No.

--	--	--	--	--	--	--	--	--	--

or

--	--	--	--	--	--	--	--	--	--

Languages Known

English

☐

Hindi

☐

Marathi

☐

Mother Tongue

Second Language In
Previous Class

Area Of Interest

ACADEMICS

☐

CCA

☐

SPORT

☐

PREVIOUS ACADEMIC RECORD

SR No.	Name of The Previous School & Location	Class	Year of Study	Percentage/Grade

PARENT'S PROFILE

	Father	Mother
Name		
Educational & Qualification		
Occupation & Designation		
Annual Income Of Parents		
Office Address		
Contact No.		
Email Id		

OTHER INFORMATION

Wants to avail bus facility Yes ☐ No ☐

If yes, Specify the Location _____ Distance from School (in KM)

Photo / Attested Documents Submitted	Passport Size Photographs	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Birth Certificate		<input type="checkbox"/>		<input type="checkbox"/>
	Mark Sheet of Last Class		<input type="checkbox"/>		<input type="checkbox"/>
	Caste Certificate		<input type="checkbox"/>		<input type="checkbox"/>
	Original T.C.		<input type="checkbox"/>		<input type="checkbox"/>

DECLARATION

I Wish to admit my ward in Angels Public School, I Understand that the acceptance of this application form is in no way guarantee or admission or my ward in Angels Public School, I have read all the instructions and will abide by all the rules & regulation of school (existing and issued from time to time).

Parent's Sign

FOR OFFICE USE ONLY

Admitted To: _____ Date of Admission _____

Document to be submitted	Original	Photocopy
1. Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
2. TC	<input type="checkbox"/>	<input type="checkbox"/>
3. Medical Certificate	<input type="checkbox"/>	<input type="checkbox"/>
4. Progress / Report Card	<input type="checkbox"/>	<input type="checkbox"/>
5. Caste Certificate (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>
6. Adhar Card	<input type="checkbox"/>	<input type="checkbox"/>

School Fees Payment Status: 1st Installment ☐ 2nd Installment ☐ 3rd Installment ☐

Admission in Charge

Account in charges

Principal