



AL-HIJAZ ACADEMY

(DISE CODE: 23040500615, REGISTRATION NO: PS-117197, BOARD: MPBSE)
Address: Ghosipura, Gwalior-474001, Phone: 9827688786,, Email: alhijzacademy@gmail.com

ADMISSION FORM

* FOR OFFICIAL USE ONLY

ADMISSION SESSION: _____ ADMISISON CLASS: _____ MEDIUM: _____ ADM ID: _____ REG. ID: _____

PERSONAL DETAILS

NAME: _____ DATE OF BIRTH: _____
FATHER'S NAME: _____ MOTHER'S NAME: _____
FATHER'S EDUCATION: _____ FATHER'S OCCUPATION: _____
MOTHER'S EDUCATION: _____ MOTHER'S OCCUPATION: _____
GENDER: MALE / FEMALE BLOOD GROUP: _____
CATEGORY: GEN / OBC / SC / ST RELIGION: _____ CASTE: _____

ADMISSION DETAILS

CLASS: _____ MEDIUM: _____ STREAM: _____
RTE: _____ REGISTRATION NO: _____ VERIFICATION NO: _____

PREVIOUS SCHOOL DETAILS

CLASS: _____ SCHOOL NAME: _____ TC NUMBER: _____

CONTACT DETAILS

ADDRESS: _____
CITY: _____ STATE: _____ PINCODE: _____
MOB NO: _____ ALT. MOB NO: _____ EMAIL: _____

LIST OF ENCLOSED DOCUMENTS

1) DATE OF BIRTH CERTIFICATE : [] ORIGINAL / [] PHOTOCOPY _____
2) DOMICILE : [] ORIGINAL / [] PHOTOCOPY _____
3) CASTE CERTIFICATE : [] ORIGINAL / [] PHOTOCOPY _____
4) INCOME CERTIFICATE : [] ORIGINAL / [] PHOTOCOPY _____
5) AADHAAR : [] ORIGINAL / [] PHOTOCOPY _____
6) TC: : [] ORIGINAL / [] PHOTOCOPY _____
7) MARKSHEET : [] ORIGINAL / [] PHOTOCOPY _____
8) : [] ORIGINAL / [] PHOTOCOPY _____
9) : [] ORIGINAL / [] PHOTOCOPY _____

DECLARATION

I Father / Mother / Gardian of hereby declare that the information given above by me is true to my knowledge and belief and I am fully aware of the rules and regulation of the school. If anything is found to be incorrect or the rules and regulation are not followed, my ward is liable to be restriction from the institution.

DATE: _____ Parent's Signature

REMARK: _____

DATE: _____ Principal's Signature