

THE ADVENT ACADEMY

Affiliation to CBSE, New Delhi CBSE Affiliation No.: 1031315

(Run By :- The Advent Educational Society)

Students Photo

②	Dehriya Road, Navghatkhedi,					
	Barwaha (M.P.) 451115					

© 94250 88161

- **⊚ theadventacademy@gmail.com**
- www.theadventacademy.org

ADMISSON FORM NO.:	ACADEMIC SESSION					
SCHOLAR NO.:	Admission For Class:					
SSSM ID NO.:	Family ID NO.:					
1. Name (in block Letters)	(a) Child's Full Name:					
	(b) Mother's Name:					
	(c) Father's Name:					
2. Date of Birth of Child	(a) In Figures :					
	(b) In Words:					
	(c) Age: Months					
3. Cast:	Category SC ST OBC GEN Religion:					
4. Residential Address						
Contact No.	: Emergency No.:					
5. Occupation of the Parent	014					
6. Off. Address	: Phone :					
7. Please mention if child is	:					
suffering from any disease						
I request you to admit my child/ward in the above mentioned class. I have read the rules and regulations and hereby agreed to abide by them & they are acceptable to me.						
Date:	Signature of Parent/Guardian					

Details of Parents

Particulars		Father			Mother	Guardian	
Naı	ne						
Dat	e of Birth						
Edı	ıcation						
Occ	cupation						
Nai	ne of the Organization						
Des	ignation		C.) Fr		
Tot	al Annual Income				4/1		
Pho	one Number (whatsapp)						
Em	ail - ID			U /	7 9	_	
Note	- Any Changes in phone nu on same day or next day.	ımber, po	ostal add	ress or a	ny other detail, please in	form scho	ol authority
Sibli	ngs (if any) in chronological	order-				-	
	Name		Age	M/F	School	3	Class
1	T+I					P	
2	7					T	
			Dec	claratio	on 2		
	v Imaveladas. I have word th						
of my knowledge. I have read the rules and regulations of the School and promise to abide by them and my ward too will conform to the required standards of the School.							
Date: Signature of Father:							
Place: Signature of Mother:							
For OFFICE USE ONLY:							
On the basis of admission test/personal interview, Admission to Student							
for Class is recommended / not recommended.							
Data	:			Signatu	re of Authorized signato	rv.	

	Father	Mother	_	Guardian	Student				
	Recent Coloured Photograph	Recent Coloured Photograph		Recent Coloured Photograph	Recent Coloured Photograph				
		Details	s of St	udent					
N	Name of the Student								
	First Name (Middle Name) (Surname)								
Date	Date of Birth DD MM YY								
Birth Place									
(Please attach self Attested Photocopy of birth certificate issued by Municipal Corporation at the time of									
admission)									
Gen	der/Sex	M F							
Cast	e: SC _	ST OBC		General					
(Plea	se attach self Attesto	ed Photocopy of Caste cer	tificate	at the name of adm	ission)				
Relig	gion :	Nationality:		Mothe	r Tongue:				
Height: Blood Group:									
Aadhar Card Number:									
SSM ID : Family ID:									
Banl	Bank Account No.: Bank Name:								
Nam	e of previous school:	:							
Reas	on for change of sch	nool:							

List of Enclosures:

(1) Birth certificate Y/N

(2) Aadhar Card Y/N

(3) Mark sheet Y/N

(4) SLC/TC Y/N

(5) SSM ID Card Y/N

(6) Bank A/C No. Y/N

(7) Bank Name Y/N

(8) IFSC Code Y/N



Map

