

Date : .....

# AIR FORCE SCHOOL CHABUA

(Air Force Station Chabua, Dist : Dibrugarh, Assam, Pin : 786102)
Tele : 8473960972 | 9127156151, Email-afschabua.786102@gmail.com

PART-I

Date

ADMISSION FORM (Fill all the columns in capital letters only)

Passport size Photo

1.	Name of the Child							
2.	Class in which admission sought							
3.	Date of Birth (in figures) (in wo							
	(Attach attested copy of birth Certificate) (POR Extract N	Mandatory 1	or Defence P	ersonnel)	********	***************************************		
4.	Age as on 01 April Years	Mon	ths	Days	5.	Sex		
6.	Blood Group of the Child	. 7.	Aadhaar	No				
8.	Visible identification marks							
9.								
10.	(a) Whether child falls under the category of, children with special needs: Yes No							
	(b) If yes please provide details:							
11.	. Parents Details - Mo	other			Fa	ather		
a)	NI STATE OF THE ST							
b)	n) Nationality & Occupation							
c)	Name of Office & full address with Emergency Contact No.							
d)	f) Full Residential Address with			1				
	Emergency Contact No.							
e)	e) PermanentAddress							
ħ	) Annual Income (Rs.)							
g)	Education Qualification							
h)	n) Hindi Qualification							
ŋ	) Mother Tongue							
Ď	September of Spirit State September 1997							
ė.	Bank name & Branch							
12.	7.0							
	(a) Name & Location							
	(b) Affiliated to & Number							
	(c) Previously studied class & year							
	(d) Result of Last Exam					AG 6		
	(e) TC Serial No. & Date							
13.	Details of other siblings studying in this school.							
	(a) Name Class							
	(b) Name							
14.	<ol> <li>Conveyance /mode opted for commuting the ward to</li> </ol>	o & fro the	School					
	DECLARATION B	Y PAREN	T/GUARDIAN	u				
1. 2. 3.	I am willing/not willing to serve as Parent Represental I certify that my ward is free from any communicable with Special needs'	I hereby declare that the above information furnished by me is correct to the best of knowledge & belief.  I am willing/not willing to serve as Parent Representative; in case of need of the school.  I certify that my ward is free from any communicable disease. Further, he does/does not fall in the category of "Childre with Special needs"  I have personally hired						
4. 5.	commuting my ward to & fro Air force School, Chabu		nicle NO			as transport for		
-00	one designation of a state of the state of							

## (CERTIFICATE OF DATE OF BIRTH)

	Certified that the date of Birth of Master / Mis	s	D/o of
		Name & Initials	
Branc	:h/Tradeisis	as per Service records held by this Office.	
Date.		(Signature of Stn/Unit/Adjt/	
		Gazetted Officer employing the par	ent)
		PART - III	
		FFICE USE ONLY)	
1.	Certified that I have checked the application form a	nd the relevant document are found in order	
		Admission I/C   Class T	eacher
2.	Please admit to Class	Section after checking the relevant papers	3.
Date		Signature Headn	nistress
	]	PART - IV	
	& Seal	(in words)	
_		PART - V	
1.	Name has been entered in the class Attendance		
		Sign. Class Te	achers
2.		ster register. Development fees and the dues have been receive ion withdraw Register is	
	Recommend	ed / Not Recommended	
Data		Headn	oletroce
3.	Admission considered by school is in accordance		H30 C33
	Approv	ed / Not Approved	
Date		Signature of Executive Director / Offici	al Seal
		स्वरूप प्रकार के विश्वय के स्वरूप के स्व	uncarried)

- CHECKLIST

  1. PP size Photographs x 2 copies
- 2. Original copy of TC (Countersigned by District Education Officer in case of non AF School)
  3. Admission form with complete details.
  4. Age meeting class criteria
  5. Medical advisory (if any)

- 6. Issued with school Dairy Number.....
- 7. Fee payment Challan