



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

Passport size
Photo

Form No.

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

PART - I

Date _____

1. Name of the Child
2. Class in which admission sought.....
3. Date of Birth (in figures)..... (in words).....

(Attach attested copy of birth Certificate) (POR Extract Mandatory for Defence Personnel)

4. Age as on 01 April..... Years..... Months..... Days
5. Sex.....
6. Blood Group of the Child.....
7. Aadhaar No.
8. Visible identification marks.....
9. Last Annual Medical Exam completed on
10. (a) Whether child falls under the category of, children with special needs: ☐ Yes ☐ No
(b) If yes please provide details:

11. Parents Details -	Mother	Father
a) Name		
b) Nationality & Occupation		
c) Name of Office & full address with Emergency Contact No.		
d) Full Residential Address with Emergency Contact No.		
e) PermanentAddress		
f) Annual Income (Rs.)		
g) Education Qualification		
h) Hindi Qualification		
i) Mother Tongue		
j) Bank A/c. No. with IFSC Code, Bank name & Branch		

12. Details of previously Studied School :
 - (a) Name & Location.....
 - (b) Affiliated to & Number.....
 - (c) Previously studied class & year.....
 - (d) Result of Last Exam.....(Please enclose a copy of report card).
 - (e) TC Serial No. & Date.....
13. Details of other siblings studying in this school.
 - (a) Name.....Class.....
 - (b) Name.....Class.....
14. Conveyance /mode opted for commuting the ward to & fro the School.

DECLARATION BY PARENT/GUARDIAN

1. I hereby declare that the above information furnished by me is correct to the best of knowledge & belief.
2. I am willing/not willing to serve as Parent Representative; in case of need of the school.
3. I certify that my ward is free from any communicable disease. Further, he does/does not fall in the category of "Children with Special needs"
4. I have personally hired Vehicle No.as transport for commuting my ward to & fro Air force School , Chabua
5. I shall abide by the rules of the School.

Date :

Signature of Parent/Guardian

PART - II
(CERTIFICATE OF DATE OF BIRTH)

Certified that the date of Birth of Master / MissS/o, D/o of
No. Rank Name & Initials.....
Branch/Trade..... is as per Service records held by this Office.

Date.....

(Signature of Stn/Unit/Adjt/
Gazetted Officer employing the parent)

PART - III
(FOR OFFICE USE ONLY)

1. Certified that I have checked the application form and the relevant document are found in order

Admission I/C | Class Teacher

2. Please admit to Class Section after checking the relevant papers.

Date :

Signature Headmistress

PART - IV

Master/Miss.....
Admitted to Class..... Sec..... on Fee Receipt No.Date.....
Total Amount received..... (in words).....

Date & Seal

Signature of Class Teacher / IC Fee Collection

PART - V

1. Name has been entered in the class Attendance register () Yes () No

Sign. Class Teachers

2. Certified that all entries have been made in the Master register. Development fees and the dues have been received.
Registration No. / UID of the student in Admission withdraw Register is.....

Recommended / Not Recommended

Date.....

Headmistress

3. Admission considered by school is in accordance with the provisions of the Edn. code - 2020

Approved / Not Approved

Date

Signature of Executive Director / Official Seal

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 | |