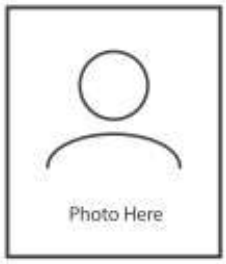
LOREM IPSUM DOLOR

Reg. No. | | | | | | |

Date of Issue: / /



ADMISSION FORM

Surname: _____

Name: _____

Father's Name: _____

Mother's Name: _____

Aadhar Card No.: | | | | | | | | | | | | |

Date of Birth: | | | | | | | | Format (DD/MM/YY) e.g. 07/12/2000

Gender: ☐ Male ☐ Female Phone: _____

Place of Birth: _____

City: _____ Dist: _____

State: _____

Physical problems/Disability (if any): _____

Name of School: _____

UNDERTAKING

Lorem ipsum dolor sit amet:

A. Consectetur adipiscing elit. Morbi rhoncus, lorem interdum porta consequat, est magna luctus diam, quis semper justo mauris at metus.

B. Donec convallis accumsan mattis. Praesent tempus ante eget diam iaculis, id posuere enim tempus. Sed fringilla eleifend odio, in finibus leo pulvinar eget

C. Cras vel lorem lacinia, dapibus lorem sediscelerisque ac.

Signature: _____