

Date : \_\_\_

## ST. JOSEPH'S SR. SEC. SCHOOL

Sector 44-D, Chandigarh

( Unaided Minority School )

## ADMISSION FORM

size coloured Photo or the child seeking admission wit clearly indicating nam of the child & date of taking the photograph (Staple 2 Child's Photos) and one Postcard

|   | Admission No   |        |       |      |        |          |      |      | 5            | Ses  | sio   | n : _       |           |        |       |          |     |       |       |        |        |          |          |          |        |
|---|--|--------|-------|------|--------|----------|------|------|--------------|------|-------|-------------|-----------|--------|-------|----------|-----|-------|-------|--------|--------|----------|----------|----------|--------|
| (1)   | Name Master / Miss<br>(in block / capital letters)   |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
|   | AADHAR No.   |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
| (2)   | Class in which the p   |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       | s co  | om     | plet   | ed       |          |          |        |
|   | Previous school attended   |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
|   | <b>PEN</b> (Permanent Education Number)  |        |       |      |        |          |      |      |              |      |       |             | APA       | AAR    | ld    |          |     |       |       |        |        |          |          |          |        |
| (3)   | Date of Birth  |        | D     | м    | M Y    | Y        | Y    | Y    |              | Δ    | \ge   |             | _ Ye      | ars    |       | _ M      | ont | th/s  | ;     | S      | ex     |          | ] Bo     | у□       | ] Girl |
|   | (in Words)   |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
| (4)   | Right to Child   | □ F    | ath   | er   |        |          | Mot  | the  | r            |      |       |             | Gu        | ardi   | an    |          |     |       |       |        |        |          |          |          |        |
| (5)   | Mother's Name<br>(in block letters as on AADHAR)   |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          | Age      | )        |        |
|   | Mobile No.   |        |       |      |        |          |      |      |              |      |       | A           | adh<br>No |        |       |          |     |       |       |        |        |          |          |          |        |
|   | Occupation   |        |       |      | L .    |          | Edi  | uca  | tion         | al ( | Qua   | _<br>lifica | ation     | 1      |       |          |     |       |       | An     | nua    | al In    | con      | ne _     |        |
|   | Occupation Annual Income Address of Place of employment Designation Designation  |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
| (6)   | Father's Name  |        |       |      |        |          |      |      |              |      | 1     |             |           |        |       |          |     |       | 1     |        | $\neg$ | Γ        |          | ge       |        |
| (-7   | ( in block letters as on AADHAR)  Mobile No.   |        |       |      |        |          |      |      | <u> </u><br> |      |       |             | ADH       | <br>ΛΡ |       | <u> </u> |     |       |       |        |        | _L<br>—  | <u> </u> | <u> </u> |        |
|   | Mobile No.   |        |       |      |        |          |      |      |              |      |       |             | No.       |        |       |          |     |       |       |        |        |          | $\Box$   |          |        |
|   | Occupation   |        |       |      |        | Ed       | uca  | tior | nal C        | Qua  | lific | atio        | n         |        |       |          |     |       | Anr   | nua    | l In   | cor      | ne _     |          |        |
|   | Address of Place of  | emplo  | oym   | ent  |        |          |      |      |              |      |       |             |           |        |       |          | D   | esi   | igna  | atio   | n _    |          |          |          |        |
| (7)   | Please tick the box if   | f      |       | sin  | gle p  | aren     | t d  | or   |              | □ a  | ado   | oted        | chil      | d (a   | ttac  | h le     | gal | do    | cur   | nei    | nts)   | ı        |          |          |        |
| (8)   | Present Address _  |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
|   | Parents Permanent A  | Addre  | ess   | as   | on Aa  | idha     | r Ca | ard  | ) _          |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
|   | Email ID   |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
| (9)   | Guardian's Name & A  |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
| (10)  | Religion   |        |       | _ Na | tiona  | lity _   |      |      |              |      | _     |             | sc        | /ST/   | BC/   | ОВ       | C/M | IINO  | ORI'  | ΤΥ     |        |          |          |          |        |
| (11)  | Does the pupil suffer  |        |       |      |        |          |      |      |              |      |       |             | (atta     | ich at | teste | d co     | рус | of th | e cei | rtific | cate)  | )        |          |          |        |
|   | (attach Medical Certificate) Any sibling studying  | )      |       | •    |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
| (12)<br>Imports   | Any sibiling studying  | iii ui | ie 50 | 1100 | л. (те | :5/ IN ( | ) II | yes  | s, pi        | eas  | e w   | nie         | INAII     | ie _   |       |          |     |       |       |        |        |          |          | . Cia    |        |
| (ii) The National Commission for Minority Educational Institution, Govt. of India, New Delhi, has declared St. Joseph's Sr. Sec. School, Sector 44-D, Chandigarh to be a Minority Educational Institution within the meaning of Section 2(g) of the NCMEI Act.  Student staying as paying guest are not eligible for admission in the school.  The presence of both parents with the child is mandatory on the day of admission. (In case of single parent, custody record/ legal documents to be submitted)  The ward's and parents' names must be written on this form as on the birth certificate. No changes will be made thereafter in the date of birth or names.  (v) Once the message is conveyed through SMS / Whatsapp / email on the above mentioned contact no. or email ID or through School Link Book (School Diary), it will be deemed to have been delivered. |  |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
| (vi) In (vii) The   | In case your child is held responsible for causing any physical harm/injury he/she shall be immediately expelled.  |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
|   | concealment of such medical facts, the school will not be held responsible.  In case of Learning Disability or Chronic Illness , you need to submit the reports with the school office to enable careful handling of the child in  |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
|   | accordance with the same.  |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
| * Ac  | Admission of your ward would remain provisional till you deposit documents mentioned in the check list with the school office. You are not entitled to get any certificate from school till submission of the documents.   |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
| fo<br>b   | I have read the Form and I certify that the information entered by me in the above form is true. In case the information supplied is found to be incorrect, it can lead to cancellation of the admission. My ward will abide by the rules and instructions as laid down by the School and any amendment which may be issued later on by School Administration.  I am aware that I shall pay the tuition fee irrespective of the platform used to teach in accordance with applicable Govt. Guidelines. |        |       |      |        |          |      |      |              |      |       |             |           |        |       |          |     |       |       |        |        |          |          |          |        |
|   | Fathe  | r      |       |      |        |          |      |      | Mot          |      |       |             |           |        |       |          |     |       | G     | uaı    | rdia   | <u>n</u> |          |          |        |
|   | red documents<br>ed & Verified by  |        |       |      |        |          |      | ;    | Sign         | atu  | ıre   |             |           |        |       |          |     |       |       |        |        |          |          |          |        |

## **Important Instructions Regarding Fee**

- 1. ADMISSION FEE AND SCHOOL FEE IS NON REFUNDABLE
- 2. The tuition fee shall be paid irrespective of the platform used to teach in accordance with applicable Govt. Guidelines.
- Due date for the payment of fee is 10<sup>th</sup> of months mentioned on SchoolApp. 3.
- Late fee of Rs10/- per day will be charged after the expiry of the due date. 4.
- In case the fee is pending for more than one month from the due date, the SchoolPad 5. will get automatically inactivated.
- 6. If fee is not paid by the last two months in which it is due, name will be struck off the rolls & he/she will have to seek readmission.
- 7. u

| In case of withdrawal of your ward, one month prior not | ice is must or fee in lie |
|---|---------------------------|
| of the same will be charged.                            |                           |
|   |                           |
|   |                           |
|   |                           |
| Date  | Parent's Sign             |

## **Checklist for Admission**

Kindly tick the documents being submitted along with the admission form. Please ensure that all documents are attested and legible.

| (1) Birth C               | ertificate – of the child (Self Atte   | sted copy)                                      |  |         |  |  |  |  |  |  |
|---------------------------|--|---|--|---------|--|--|--|--|--|--|
| , ,                       | f (Self Attested by Parents) –Pa<br>o for each parent)   | ssport/Voter Card/PA                            | N Card/License   |         |  |  |  |  |  |  |
| ` /                       | (3) Self attested proof of residence (Ration Card/Voter I-Card/Electricity or Water Bill/Tenant's Deed/ Aadhaar Card/Passport etc) |   |  |         |  |  |  |  |  |  |
| (4) Transfe               | r Certificate – of the child from p  | orevious school (origin                         | nal copy)  |         |  |  |  |  |  |  |
| (5) Academ                | ic Report of the previous year (   | attested copy) and orig                         | ginal to be shown  |         |  |  |  |  |  |  |
| (6) <b>Photogr</b>        | aphs – Child's recent passpor  | t size – 2 Photographs                          | s (with Name and current Date to                         |         |  |  |  |  |  |  |
| be printe                 | ed on the photographs)   |   |  |         |  |  |  |  |  |  |
|                           | Family's recent postca   | ard size – 1 Photograph                         | h  |         |  |  |  |  |  |  |
| indicatin                 | d copy of legal documents in or glegal custody of the child) to f guardianship to be submitted                                     | -   | · -  |         |  |  |  |  |  |  |
| ` '                       |  |   |  |         |  |  |  |  |  |  |
| ` '                       | le Caste/ Schedule Tribe/Other opriate authority.  | Backward Class/Mi                               | nority – attested certificate from                       |         |  |  |  |  |  |  |
| (10) If fore              | ign national,  |   |  |         |  |  |  |  |  |  |
| a. '                      | Valid passport   |   |  |         |  |  |  |  |  |  |
| <b>b.</b>                 | Valid Visa + Residential Permit  | or PIO Card/OCI C                               | ard  |         |  |  |  |  |  |  |
| can be                    | mainstreamed:  |   | ment or are differently abled and                        |         |  |  |  |  |  |  |
| ;                         | Medical/Learning Disability a Govt. Hospital (learning disabil the Govt. hospitals)  | <b>certificate</b> from ity certificate must be | PGI/GMCH 32/GMCH 16/<br>e from Psychiatric Department of |         |  |  |  |  |  |  |
|                           | <b>Detailed assessment report</b> indic  | ating that the child car                        | n be mainstreamed.                                       |         |  |  |  |  |  |  |
|                           | •  | C   |  |         |  |  |  |  |  |  |
| Kindly Note- An cancelled | y pending document must be sub   | omitted in the school                           | office within 7 days or admission w                      | rill be |  |  |  |  |  |  |
| Total number o            | f documents attached   | ·   |  |         |  |  |  |  |  |  |
| Signatures-               |  |   |  |         |  |  |  |  |  |  |
|                           | Father   | Mother  | Guardian   |         |  |  |  |  |  |  |
| (For office u             | se only)   |   |  |         |  |  |  |  |  |  |
| Documents (               | Checked and Verified by  |   |  |         |  |  |  |  |  |  |
| Date                      |  | (name)  | (signature)  |         |  |  |  |  |  |  |
| Remarks, if a             | any-   |   |  |         |  |  |  |  |  |  |