



ASHIANA PUBLIC SCHOOL
SECTOR 46-A, CHANDIGARH
Mob:- +91-9872500460
Admission Form

Please paste recent
passport size photograph
of the child

1. Name of Child Male/Female
2. Date of Birth.....
3. Age as on 31st March 2016
4. Adhaar Number of the child.....
5. Admission sought for Class.....
6. Father's Name.....
7. Profession..... Designation
8. Office Name & Address
9. Mother's Name..... Profession
10. Residence Address.....
11. Phone No. Residence
12. Mobile No. (F)..... (M)
13. E-mail id
14. Do you require Bus facility? Yes..... No
15. Is the child suffering from any ailment or disease, if so give details

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Principal

Parent's signature

NOTE:- Any change in the above submitted data must be informed to the school office with immediate effect.