

# PARAGON SENIOR SECONDARY SCHOOL



SECTOR – 69, S.A.S Nagar, MOHALI  
(Affiliated to CBSE)

Registration No. \_\_\_\_\_

Dated: \_\_\_\_\_

## ADMISSION FORM

For Academic Session 20\_\_ - \_\_\_\_

### PART 'A'

1. Name of the Student (IN BLOCK LETTERS)	<input type="text"/>
2. Gender	<input type="text"/>
3. Date of Birth (in figures)	<input type="text"/>
Date of Birth (in words)	<input type="text"/>
4. Category	<input type="text"/>
5. Religion and Nationality	<input type="text"/>
6. Aadhar No. of Student	<input type="text"/>
7. Class to which admission is sought	<input type="text"/>
8. Name of the School last Attended	<input type="text"/>
9. Father's Name (IN BLOCK LETTERS)	<input type="text"/>
10. Mother's Name (IN BLOCK LETTERS)	<input type="text"/>
11. Guardian's Name (IN BLOCK LETTERS)	<input type="text"/>
12. Email	<input type="text"/>
13. Qualification of Father/Guardian	<input type="text"/>
14. Occupation of Father/Guardian	<input type="text"/>
15. Qualification of Mother	<input type="text"/>
16. Occupation of Mother	<input type="text"/>
17. Father's/Local Guardian's (Complete Official Address)	<input type="text"/>
18. Phone/Mobile	<input type="text"/>
19. Mother's Official Address	<input type="text"/>
20. Phone/Mobile	<input type="text"/>
21. Local Residential Address	<input type="text"/>

22. Phone/Mobile

I hereby certify that the information given above is correct and true to the best of my knowledge. I further state that in case any change is required to be made in respect to facts given above. I shall satisfy the School authorities with authentic documentary proof and also as desired by the School Authorities.

### PART 'B'

1. State if the candidate is suffering from any Allergy/Chronic Ailment

(a) Name the ailment

(b) Nature of disability

2. Blood Group of Student

3. Do you have any Brother/Sister

studying/passed out from the school

1. Name of Brother/Sister

Class of Brother/Sister

2. Name of Brother/Sister

Class of Brother/Sister

3. Name of Brother/Sister

Class of Brother/Sister

4. Whether the Candidate is an Ex-Student

(a) Class

(b) Session

5. Whether Conveyance required

6. Whether Day Boarding required

Date:

Signature of father/Mother/Local Guardian

Name

Relationship

Emergency Contact Information

Name

Relation

Contact Number