

QF/101/ADM/REV.001/Dt.4-2-2018

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LAKSHMIPAT SINGHANIA PUBLIC SCHOOL JAYKAYPUR

(An ISO 9001:2015 Certified Institution)

(Affiliated to Central Board of Secondary Education, New Delhi & Recognised by Govt. of Orissa) (School No. 08320 & Affiliation No. 1530016/1985 & Regn.No.35-21-83-29344/20.11.84)

APPLICATION FORM FOR ADMISSION

S1.No	Academic Session 2020	Dt
Class to	o which admission is sought:	
Name o	of the Pupil (In Capital Letters)	
First Na	ame	Affix Passport
Middle I	Name Name	size Photograph
Last Na	ame IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Date of (DD / MM		OBC GEN
	ds:ertificate to be attached)	
Mother	Tongue: Sex: Male [Female
Nationa	ality: Religion:	
Student	t Aadhar No.:	
(i) (ii) (iii)	er the candidate is:- Single Girl Child: Specially abled (Divyangjan): Belonging to the EWS: (Attach proof wherever applicable) Address:	
	Address.	
Perman	nent Address :	

Parents details:

Father Details	Mother Details
Name:	Name:
Education:	Education:
Occupation:	Occupation:
Organisation:	Organisation:
Location:	Location:
Aadhar Number:	Aadhar Number:
Mobile No. :	Mobile No. :

Guardian Details: (If applicable)

Guardian Name :	
Relationship with Pupil:	
Mobile No.:	
Address:	

If the Parent(s) / Guardian is JKPM Employee, please mention
if the Parent(s) / Guardian is 5KPW Employee, please mention
E.C. No.:
For Contractors/Contract Employees please mention the details of Contractor:

Phone No.for Call/SMS: _____ Whatsapp No.: ____

Subjects Offered (For Class XI only):

S1. No.	Compulsory Subjects	S1. No.	Optional Subjects
1	ENGLISH		
2	MATHEMATICS	6	BIOLOGY OR
3	PHYSICS		COMPUTER SCIENCE
4	CHEMISTRY		
5	PHYSICAL EDUCATION		

Previous Schooling History

S.No	School Name and Place	Classes studied	Affiliated Board	Medium of Instruction

Result of last class

Subject	Maximum Marks	Marks obtained	% of marks	Remarks
Language I				
Language II				
Mathematics				
Science				
Social Science				

Transfer Certificate No			
Date of issue			
(Incase, student is from countersigned by the Cor		ansfer	Certificate should be
<u>D</u> e	etails of siblings (if	any)	
Name	Brother/Sister	Age	School studying in
	TT - 141- D - 4 - 11		
	Health Detail	<u>s</u>	
Blood Group (Enclose Certi			
- '	ficate) :		
- '	ficate) :		
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- '	ficate) :		
any pre-existing ailments :	ficate) :	DN cluding	g name of the candidate,
hereby declare that the a	DECLARATION bove information in the Mother's name a	DN .cluding and Da	g name of the candidate, te of Birth furnished by
hereby declare that the a cather's / Guardian's name is correct to the best of	DECLARATION bove information in the Mother's name a	DN .cluding and Da	g name of the candidate, te of Birth furnished by
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Any pre-existing ailments: hereby declare that the a Cather's / Guardian's name is correct to the best of the School. Date: Date:	DECLARATION bove information in the mean of my knowledge & b	DN .cluding and Da elief. I	g name of the candidate, te of Birth furnished by shall abide by the rules of Parent(s) / Guardian
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Note: Just filling this form does not assure a seat for the applicant. Only candidates who qualify through the selection process will be given admission.