



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)

ADMISSION FORM

Sl.No. _____

(2020-21)

Dt. _____

Name of the Pupil

(In Capital Letters)

First Name

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Middle Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Affix

Passport Size

photo of the

pupil

Date Of Birth

(DD/MM/YYYY)

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Sex :

Male Female

Mother Tongue: _____

Nationality : _____

Aadhar No.: _____

Caste Category :

Religion : _____

SC ST OBC GEN

Father's Name : _____

Education : _____ Occupation : _____

Occupation Details :

Organisation : _____ Location : _____

Mother's Name : _____

Education : _____ Occupation : _____

Occupation Details :

Organisation : _____ Location : _____

Aadhar No.: - Father : _____ Mother : _____

Present Address :

Home Phone : _____ Work Phone : _____

Permanent Address :

Home Phone : _____ **Work Phone :** _____**Class to which Admission is sought :** _____

Previous Schooling History

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

Guardian Details (If Applicable)

Guardian's Name :**Relationship with the Pupil :****Education :** _____ **Occupation :** _____**Address :** _____**Home Phone :** _____ **Work Phone :** _____

Siblings' Details (If studying in LPS Public School)

S.No	Name	Class
1		
2		

Health Background

Blood Group : _____

Any pre-existing ailment : _____

For JKPM Employees/Contractors/Contract Employees

Name of the Employee (Parent/Guardian) :

Relation with the Pupil : Father Mother Guardian

Employee Category (Tick the appropriate option) :

Regular Employee Contractor Contract Employee Others

For regular Employee :

Emp. EC No. : _____ Designation : _____

Department : _____

For Contractor/Contract Employee :

Contractor Name :

For Others :

Organisation :

I/We declare that the above details are true and I/We agree to abide by the rules & regulations framed by the School from time to time.

Date :

Place :

Signature of Father

Signature of Mother

Signature of Guardian

For Office Use

Examined and found fit for class _____

Class Teacher's Name & Signature

Admitted to Class _____ with Admission No. _____ in the Academic Year _____

PRINCIPAL

S.No	Document/Photograph	Yes/No
1	Birth certificate	Yes/No
2	Passport size photograph (3 nos.)	Yes/No
3	Transfer certificate(Original) (Not mandatory for Pre-primary classes)	Yes/No
4	Progress report from previous school	Yes/No
5	Medical record sheet	Yes/No
6	Family photograph	Yes/No
7	Proof of Identity of parent/guardian (Aadhar card/Pan card/Driving license/Passport/Govt. issued ID card)	Yes/No
8	Proof of residence (Aadhar card/Passport/Electricity bill/ Gas bill/ Ration card/Telephone bill)	Yes/No
9	Declaration form	Yes/No
10	Caste certificate in case of reserved category	Yes/No

Family Photograph with the pupil

<p>Family Photograph with the pupil</p>
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