



QF/101/ADM/REV.001/Dt.4-2-2016

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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. 15404 & Affiliation No. 1530016/1985 & UDISE No.21271104871)

APPLICATION FORM FOR ADMISSION

Sl.No. _____ Academic Session 2024-25 Dt. _____

Class to which admission is sought: _____

Name of the Pupil (In Capital Letters)

First Name

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Middle Name

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Last Name

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Date of Birth

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Caste Category:

(DD / MM / YYYY) SCST

OBC

GEN

Affix Passport
size Photograph

In Words :

(Birth certificate to be attached)

Mother Tongue: _____

Sex : Male Female

Nationality : _____

Religion : _____

Permanent Education Number: _____

Student Aadhar No: _____

Whether the candidate is:-

(i) Single Girl Child : Yes

(ii) Specially abled (Divyangjan): Yes

No

(iii) Belonging to the EWS: Yes

No

(Attach proof wherever applicable)

Present Address :

Permanent Address :

Details of Parent:

Father Details		Mother Details	
Name :		Name :	
Education :		Education :	
Occupation :		Occupation :	
Organisation :		Organisation :	
Location :		Location :	
Aadhar Number:		Aadhar Number:	

Mobile No. 1 :**Mobile No. 2 :****(Mobile No.1 will be considered for Whatsapp class group and ERP Primary No. for Messages)****Details of Guardian: (If applicable)**

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

Whether the Parent is a JKPM employee, If yes, mention details:

E.C. No.: _____ Dept.:_____
For Contractors/Contract Employees please mention the details of Contractor: -----

Marks obtained with result (attach a copy of marksheet)

Subject	Maximum Marks	Marks obtained	Remarks if any
Language I (English)			
Language II (Hindi)			
Mathematics			
Science			
Social Science			
Odia / Sanskrit			

Previous Schooling details:

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

Transfer Certificate details:

Transfer Certificate No. _____

Date of issue _____

(Incase, student is from other board, Transfer Certificate should be countersigned by the Competent Authority.)

Details of siblings (if any)

Name	Brother/Sister	Age	School studying in

Health Details

Blood Group (Enclose Certificate) : _____

Any pre-existing ailments with treatment details :

DECLARATION

I hereby declare that the above information including name of the candidate, Father's / Guardian's name, Mother's name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the School.

Date: _____ Signature of Parent / Guardian

Place: _____ Relation with candidate: _____

(To be filled in by office)

Examined and found fit for Class _____. Student details recorded in the Admission Register in page number _____.

Admission No. _____/dt. _____/Class _____

Signature of the Principal

Documents Submitted at the time of Admission

S.No	Document/Photograph	Yes/No
1	Birth certificate	Yes/No
2	Passport size photograph (2 nos.)	Yes/No
3	Transfer certificate(Original) (Not mandatory for Pre-primary classes)	Yes/No
4	Progress report from previous school (Cl. I to IX)	Yes/No
5	CBSE Board Class X Marksheet (for +2 Science)	Yes/No
6	Migration Certificate (for +2 Science)	Yes/No
7	Medical record sheet (If applicable)	Yes/No
8	Family photograph	Yes/No
9	Proof of Identity of parent/guardian (Aadhar card/Pan card/Driving license/Passport/Govt. issued ID card)	Yes/No
10	Proof of residence (Aadhar card/Passport/Electricity bill/ Gas bill/ Ration card/Telephone bill)	Yes/No
11	Caste certificate in case of reserved category	Yes/No

Family Photograph with the pupil

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.