

**CBSE AFFILIATION NO. 1730298** 

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Form No.

**Do Not Staple** 

Paste Passport Size Colour Photograph with fevicol or similar adhesive only

|                            |            |          |             |         | (      | AD       | MIS    | SIC      | )N F  | <b>OR</b>  | M)        |             |       |        |        |          |                |          |         |        |    |     |
|----------------------------|------------|----------|-------------|---------|--------|----------|--------|----------|-------|------------|-----------|-------------|-------|--------|--------|----------|----------------|----------|---------|--------|----|-----|
| Session                    |            |          |             |         | ,      |          |        |          |       |            |           | Date o      | of Ad | missic | n D    | D        | ]/[            | M        | M /     | Υ      | Υ  | ΥΥ  |
| PLEASE NOTE : ALL E        | NITRIFC C  | וווחוו ו | n RE EI     | II EN I | N RI ( | JUK I E. | LLEBG  |          |       |            | Class in  |             |       |        |        |          | (D: [          |          | _       |        |    |     |
|                            | IVIIILO O  | IIIOOLI  | ) DL II     | LLLD    | IN DEC | JOK LL   | IILIIJ |          |       |            | For Class | s XI: S     | SC./I | /laths | Щ      | Sc./     | RIO [          | '        | Comn    | nerce  | Щ  |     |
| Full Name of the student   | :          |          |             |         |        |          |        |          |       | $\perp$    |           |             |       |        |        |          | $\perp$        | $\perp$  | $\perp$ |        |    |     |
| Sex                        | :          | Male [   | Fe          | male    |        |          | Re     | ligion _ |       |            |           |             |       |        |        | Caste    |                |          |         |        |    |     |
| Category                   | :          | Gen.     | SC          | ;       | ST [   | OE       | C      | Min      | ority | ,          | Aadhar N  | lo          |       |        |        |          |                |          |         |        |    |     |
| Date of Birth (in figures) | : D        |          | / Mon       | M /     | Υ      | Year     | Υ      |          |       |            |           | Αg          | ge (a | s on d | late): |          | Year           | ]/[      | Moi     | nth    | /[ | Day |
| Resid                      | ential Add | ,        |             |         | ice 1  |          |        | 7        |       |            |           | Re          | side  | entia  | Ado    | dress    |                | rman     |         |        |    | ——— |
|                            |            |          |             |         |        |          |        |          |       |            |           |             |       |        |        |          |                |          |         |        |    |     |
|                            |            |          |             |         |        |          |        |          |       |            |           |             |       |        |        |          |                |          |         |        |    |     |
|                            |            |          |             |         |        |          |        |          |       |            |           |             |       |        |        |          |                |          |         |        |    |     |
| City                       |            |          | ☐ Ctat      |         |        |          |        |          | City  |            |           |             |       |        |        |          |                |          |         |        | _  |     |
| Country                    |            |          | Stat        | .e      |        |          |        |          |       | ıntry      |           | L           |       |        |        |          | Sta            | _        |         |        | _  |     |
| Residence STD Code         |            |          | Pin<br>Tel. |         |        |          |        |          |       |            | e STD C   | l<br>Daho'  | _     |        |        | _        | │ Pin<br>│ Tel |          |         |        | +  |     |
| Office STD Code            |            |          | Tel.        |         |        |          |        |          |       |            | D Code    | ,ouc [<br>] |       |        |        | <u>_</u> | Tel            |          |         |        | Ŧ  |     |
| Mobile                     |            |          |             |         |        |          |        |          | Mo    |            | D Code    | L           |       |        |        |          |                | · [      |         | I<br>] |    |     |
| IVIODIIE                   |            |          |             |         |        |          |        |          | IVIO  | ———<br>——— |           | L           |       |        |        |          |                | <u>_</u> |         | I      |    |     |
|                            |            |          |             |         | FAT    | HER      |        |          |       |            | 7         |             |       |        |        |          | MC             | HTC      | ER      |        |    |     |
| Name                       | :          |          |             |         |        |          |        |          |       |            |           |             |       |        |        |          |                |          |         |        |    |     |
| Academic Qualification     | :          |          |             |         |        |          |        |          |       |            |           |             |       |        |        |          |                |          |         |        |    |     |
| Occupation                 | :          |          |             |         |        |          |        |          |       |            |           |             |       |        |        |          |                |          |         |        |    |     |
| Office Address             | :          |          |             |         |        |          |        |          |       |            |           |             |       |        |        |          |                |          |         |        |    |     |
|                            |            |          |             |         |        |          |        |          |       |            | <u> </u>  |             |       |        |        |          |                |          |         |        |    |     |
|                            |            | City     |             |         |        | Sta      | te     |          |       |            |           | City        |       |        |        |          |                | Stat     | :e      |        |    |     |
| Office Telephone No        | :          |          |             |         |        |          | Extn.  |          |       |            |           |             |       |        |        |          |                |          | Extn.   |        |    |     |
| Annual Income              | :          |          |             |         |        |          |        |          |       |            |           |             |       |        |        |          |                |          |         |        |    |     |
| Mobile                     | :          | +91      |             |         |        |          |        |          |       |            |           | +91         |       |        |        |          |                |          |         |        |    |     |
| E-mail                     |            |          |             |         |        |          |        |          |       |            |           |             |       |        |        |          |                |          |         |        |    |     |
| Specimen Signature         |            |          |             |         |        |          |        |          |       |            |           |             |       |        |        |          |                |          |         |        |    |     |

| Details of Previous School:                    |                                                                                                                                            |                                 |                                   |                          |            |  |  |  |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------|--------------------------|------------|--|--|--|
| Name                                           |                                                                                                                                            | Place                           | Α                                 | Affiliated to Board      |            |  |  |  |
|                                                |                                                                                                                                            |                                 |                                   |                          |            |  |  |  |
|                                                | Mother) could contribute to enrich school                                                                                                  |                                 |                                   |                          |            |  |  |  |
| Cultural                                       | Medical Me                                                                                                                                 | edia Professi                   | ional Sports                      | Aca                      | ademic     |  |  |  |
| Particulars of brother/sister of the           |                                                                                                                                            |                                 |                                   |                          |            |  |  |  |
|                                                | r/Brother's Name                                                                                                                           | nool where studying             | Age                               | Class                    |            |  |  |  |
| 1. 2.                                          |                                                                                                                                            |                                 |                                   |                          |            |  |  |  |
|                                                |                                                                                                                                            |                                 |                                   |                          |            |  |  |  |
| nclosures : (Please Tic                        | k)                                                                                                                                         |                                 |                                   |                          |            |  |  |  |
| Parents attested photo cop                     | y of Birth Certificate issued by Municipa                                                                                                  | I Council.                      |                                   |                          |            |  |  |  |
| Transfer Certificate in origin (If applicable) | nal issued from the previous school (with                                                                                                  | counter signature) shall hav    | re to be submitted at the time o  | of fee deposition.       |            |  |  |  |
| Parents attested photo cop                     | y of progress report issued from the pre                                                                                                   | vious school. (If applicable)   |                                   |                          |            |  |  |  |
| 4 passport size photograph                     | S.                                                                                                                                         |                                 |                                   |                          |            |  |  |  |
| Category Certificate (SC/S                     | T/OBC/Minority).                                                                                                                           |                                 |                                   |                          |            |  |  |  |
| Migration certificate (if app                  | olicable)                                                                                                                                  |                                 |                                   |                          |            |  |  |  |
| Photocopy of Aadhar Card                       |                                                                                                                                            |                                 |                                   |                          |            |  |  |  |
| 2. The hand of the office of                   | and D.O.B. once filled in shall not be ch                                                                                                  | ECLARATION                      |                                   |                          |            |  |  |  |
|                                                |                                                                                                                                            |                                 |                                   |                          |            |  |  |  |
| ward, is not bound to grant admis              | mation given is correct to the best of my k<br>sion and I also agree that decision of the F<br>gulations of the school applicable from tim | Principal/School Authorities re | garding grant of admission will b | -                        |            |  |  |  |
|                                                |                                                                                                                                            |                                 |                                   | 0:                       | (0 1: )    |  |  |  |
| PLEASE NOTE THAT ISSUE (                       | OF ADMISSION FORM DOES NOT ENS                                                                                                             | SURE ADMISSION                  |                                   | Signature (Father Date : | /Guardian) |  |  |  |
|                                                | F                                                                                                                                          | OR OFFICE USE ON                | LY                                |                          |            |  |  |  |
| Name of Student                                | :                                                                                                                                          |                                 |                                   |                          |            |  |  |  |
|                                                |                                                                                                                                            |                                 |                                   |                          |            |  |  |  |
| Class in which admission sought                |                                                                                                                                            |                                 |                                   |                          |            |  |  |  |
|                                                | ☐ Admission Granted ☐ Not                                                                                                                  | Granted                         | Section Allotted                  |                          |            |  |  |  |
| House Allotted                                 | :                                                                                                                                          |                                 |                                   |                          |            |  |  |  |
| Remarks                                        | :                                                                                                                                          |                                 |                                   |                          |            |  |  |  |
|                                                |                                                                                                                                            |                                 |                                   |                          |            |  |  |  |
|                                                |                                                                                                                                            |                                 |                                   |                          |            |  |  |  |
|                                                |                                                                                                                                            |                                 |                                   |                          |            |  |  |  |
| Admission Co-ordinator's Signa                 | ture                                                                                                                                       |                                 |                                   | Principal's Signat       | ure        |  |  |  |
| Date :                                         |                                                                                                                                            |                                 |                                   | Date :                   |            |  |  |  |