

Student's DCF

Admission Form

Name of the School : SHAIKHPUR PRIMARY SCHOOL

U-DISE Code : 1 9 1 2 0 8 0 0 4 0 1

Student Code :

Affix Passport size photograph

A. Basic Information:

1. Name : FIRST MIDDLE LAST
2. DOB* : D D M M Y Y Y Y 3. Birth Regn. No:
4. Gender* : MALE FEMALE TRANSGENDER (Give ✓ in the box)
5. Social Category*: 6. Religion :
7. Mother Tongue*: 8. Nationality* :
9. Aadhaar No. :
10. Blood Group : 11. Health ID :
12. Identification Mark: _____

B. Educational Information:

1. Academic Year* : (20XX-XX) 2. Admission No* :
3. Admission Date*: D D M M Y Y Y Y
4. Present Class* : 5. Present Section* : 6. Present Roll No* : 7. Present Stream :
8. Previous Class* : 9. Previous Section* : 10. Previous Roll No: 11. Previous Stream:
12. Medium* :
13. If studying in class 1, status of previous year : _____
14. No. of days child attended school :

C. Contact Information:

1. Address : _____
2. Habitation or Locality* : _____
3. District* : _____
4. Block/Municipality* : _____
5. Panchayat : _____
6. Post Office* : _____
7. Police Station* : _____
8. Pin Code* :
9. Contact No. : +91
10. Email : _____

D. Guardian's Details:

1. Father's Name : _____
2. Mother's Name : _____
3. Guardian's Name* : _____
4. Relationship(with Guardian)*: _____
5. Annual Family Income : _____
6. Guardian's Qualification : _____

