



# HILLVIEW ADVENTIST SCHOOL, Ajmer

## APPLICATION FORM

Please affix a recent colour Photograph of the Child

Form No.

We \_\_\_\_\_ and \_\_\_\_\_ desire to have our son/daughter/ward whose particulars are given below admitted as a Scholar in your School.

### INFORMATION OF CHILD

Last Name

First Name

Date of Birth

Date of Birth in Words

Highest Class Passed

Religion

Mother Tongue

Class for which Admission is sought

Nationality

SC/ST/OBC

Previous School Attended if any \_\_\_\_\_ (recognised/not recognised)

We herewith submit the School Transfer Certificate  Birth Certificate

School Conveyance Required/Not Required. Please arrange for the School Conveyance for .....  
Boarding at ..... I agree to pay the Bus fee in advance.

Singnature ( \_\_\_\_\_ )

#### RESIDENTIAL ADDRESS

Tel : _____ Mobile : _____

#### CORRESPONDENCE ADDRESS

Tel : _____ Mobile : _____

Emergency Contact Telephone Numbers :

### FAMILY INFORMATION

Father / Guardian	Office Address & Tel	Annual Income :
Organisation Working for		
Educational Qualification :		
Nationality		
Designation :		

### PROOF OF AGE

We solemnly declare that the date of birth of the child given above is as per the Birth Certificate which is produced for verification. A certified copy is also enclosed.

### SIGNATURES

I hereby certify that the information given in the Admission Form is complete and accurate. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission, or expulsion.

I have read and do hereby consent to the Terms and Conditions being enclosed with the Form & I Shall be responsible for all the payments of school fees.

Date ..... Signature of Father/Mother/Guardian

### FOR OFFICE USE ONLY

<b>Check-List :</b>	<b>Information of Student</b>
<input type="checkbox"/> Birth/Transfer Certificate	Class : _____ Section _____
<input type="checkbox"/> Marksheet	House Alloted _____
<input type="checkbox"/> Transportation Consent	C.R. No. _____
<input type="checkbox"/> Admission Fees	
Bursar _____	Head of the Institution _____
Date : _____	Date: _____