



# ASHUTOSH BRIJ MOHAN LAL MEMORIAL COLLEGE

Shyamdaspur Sitapur • Tel.: +91 9838579733, 8173899571

## ADMISSION FORM

The Principal,  
ASHUTOSH BRIJ MOHAN LAL MEMORIAL COLLEGE

AFFIX  
PHOTO  
HERE

I apply for the admission of my son/daughter to.....Class for ..... Session

1 Student's Name .....

2 a. Date of Birth in figures : ..... Day ..... Month ..... Year

b. Aadhar Number .....

c. Age as on..... Years and.....Months

(xerox copy of Birth Certificate to be enclosed)

3 Name of the school studying in.....

4 Class in which studying .....

5 Nationality : ..... Mother Tongue : ..... Category : .....

6 Details of all brothers/sisters of the child in ASHUTOSH BRIJ MOHAN LAL MEMORIAL COLLEGE. (write Admission No., Class & Section)  
.....

7 Father's Name : ..... Occupation: .....

Academic Qualifications : ..... Mobile No: .....

Designation or exact nature of Business : .....

8. Mother's Name : ..... Occupation: .....

Academic Qualifications : ..... Mobile No: .....

Designation (If Employed) : .....

Residential Address : .....

Office Address : .....

Tel.: (Residence)..... Whatsapp No. ....

9. Whether Transport is Required or not : Y  N

(Mobile).....

I certify that I am the Father/Mother of the child and the information furnished above is correct to the best of my knowledge and I have carefully read the information given overleaf.

Dated : .....

.....

Signature of Guardian

## CERTIFICATE

1. I fully understand that the school, on accepting the registration of my ward is not in anyway bound to grant admission, as the admissions are purely based on availability of seats and on the qualifying pre-admission test/interview. I also understand, that the decision of the Principal regarding admission will be final and binding on me.

2. I have read the school prospectus carefully and promise to abide by the rules mentioned therein and also other rules and instructions issued by the school from time to time.

I note that the fee once paid to the school is not refundable under any circumstances.

Dated : .....

.....

Signature of Guardian

Full Name: .....

### FOR OFFICE USE ONLY

Registration No.....

Name of Student : .....Application received for..... session

Parents must come to school on.....to see the notice Board for further information..

Dated :.....

Authorised Signatory: .....

Full Name :.....