



**GL WORLD SCHOOL**

Empowering Minds, Transforming Lives

Registration No.

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(for office use only)

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FORM No. \_\_\_\_\_ Date of Issue :    /    /

## ADMISSION FORM

Particulars of student (IN BLOCK LETTERS)

Surname : \_\_\_\_\_

Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Aadhar Card No.: \_\_\_\_\_

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Format (DD/MM/YY)

(IN WORDS) : \_\_\_\_\_

Attach Photostat copy of the date of birth certificate issued by the Municipal Corporation.

Place of Birth \_\_\_\_\_ City \_\_\_\_\_ Dist. \_\_\_\_\_ State \_\_\_\_\_

Physical problems/Disability (if any) : \_\_\_\_\_

Caste : \_\_\_\_\_ Mother Tongue : \_\_\_\_\_

Category : \_\_\_\_\_ Religion : \_\_\_\_\_

Name of the School Last Attended : \_\_\_\_\_

Standard to which admission is sought : \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin Code : \_\_\_\_\_

Medical Information (is compulsory)

A) Blood Group : \_\_\_\_\_

B) Identification Mark : \_\_\_\_\_