



APDI EDUSOLUTIONS PVT. LTD.

A Unique School Management System

Student Form

Student's Signature



Note: * denotes mandatory

Note : FROM TO BE FILLED UP IN CAPITAL LETTERS USING BLUE/ BLACK BALL POINT PEN)

Student's Name * :-

Gender * :- MALE FEMALE

Current* Session :- 201.... - 201....

Date of * Birth

Religion:-

Nationality:-

Board:-

Category :-

Cast:-

Mother Tongue :-

Class* :- Section

Previous School Attended :-

Roll No. Blood Group :-

Class in Which Was Studying* :- Date of Leaving That* School :-

Transfer Certificate is :- Yes No Date of Admission :-

Date of Birth Certificate Joined :- Yes No Cast Certificate :-

Joined or Not :- Yes No Admission Type :-

Physical Handicaped :- Yes No Educational Gap(if Any) :-

PRESENT & RESIDENTIAL ADDRESS :-

City :- Distt :-

Pin Code :- State:-

SMS Mobile No* :-

(All future SMS messages will be sent to this number)

Father's Phone No* :- Mother's Phone No* :-

E- mail ID:-

PERMANENT ADDRESS :-

ADDRESS :-

City :- Distt :-

Pin Code :- State :-

FATHER'S DETAILS :-

Father's Name (Full) * :-

Educational Qualification :-

Occupation :-

Office Address :-

Monthly Income :-

MOTHER'S DETAILS :-

Mother Name (Full) * :-

Educational Qualification :-

Occupation :-

Office Address :-

Monthly Income :-

GUARDIAN'S DETAILS :-

Name of Guardian (Full) * :-

Residential Address of Guardian :-

OTHER INFORMATION :-

Any Relationship with :-

Health Problem if any :-

Higher Personality :-

Extra Curricular Interest :-

NAME & CLASS OF YOUR OTHER CHILDREN IN THIS SCHOOL :-

1st Child Name :- Class:-

2nd Child Name :- Class:-

3rd Child Name :- Class:-

TRANSPORT :-

Pick - up Point :-

Route :-

Student's Signature

Auth. Member's Signature With Stamp

-: Declaration :-