

ARYA MODEL SCHOOL
(RECOGNISED)
Arya Samaj, Adarsh Nagar, Delhi-110033
Email- aryamodelschool_aryasamaj@yahoo.com

Ph.	01	1	-41	8	0	2	52	1
	01	1	-43	5	6	2	52	E

Manager

	ADMISSION FORM	(For Office use only
S. No	0. :	
1.	Class for which admission is sought	
2.	Name of the student(In Block Letters)	Photograph
3.	Date of Birth Date Month Year	
	In Words	
4.	Age as on 31.3.20(in words)	
5.	Sex : Male/ Female 6. SC/ST/OBC Yes/No	
7.	Father's Name (In Block Letters)	
**	Occupation with Designation	
	Office Address	
	Tel. No. :(Resi.)	
8.		
0.	Mother's Name (In Block Letters)Qualification.	
	Occupation with Designation	
	Office Address	
	Tel. No. (Resi.):	
9.	Residential Address.	
10.	Permanent Address	
11.	Mobile No. :	
40	Address	
12.	Medical Fitness Certificate from M.B.B.S. Doctor to be attached with blood group	***************************************
	Signature UNDERTAKING & DECLARATION BY THE PARENT / GUARDIAN	e of the Parent/ Guardian
be rec	clare that the information given above by me is based on facts and authentic records. Admis cancelled if any information is found to be false. I have also made myself acquainted with t gulations of the school and I agree to abide by them. In the event of any act of indiscipline or the part of my son/daughter/ward, I have no objection to his/her expulsion from the school.	ssion of my child may
	Signature Signature	of the Parent/ Guardian
Mae	(FOR OFFICE USE ONLY)	
	30,00	nas paid his / her fee.
Due	Receipt No	
Mas	ster / Babyis fit to be admitted to class	Fee Clerk / Bursar
		on the basis of
Adn	mission Granted	Adm. I/c
Hea	admistress	