



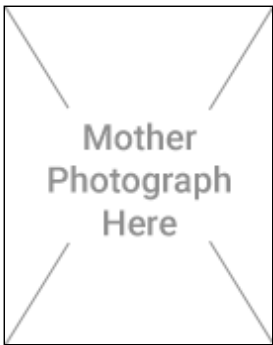
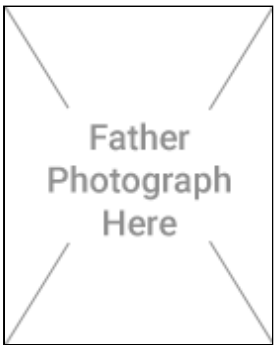
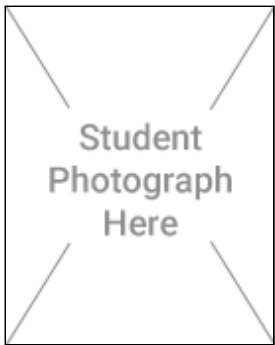
# Diya International School

Affiliated to CBSE-1631291

Address: Sec-9B, Ram Nagar, Near Dana Mandi Mandi Gobindgarh-147301, Mobile: 917696564037

Email: diyainternationalschool80@gmail.com, Website: www.diyaschool.in

## ADMISSION FORM



Name		Gender	Date of Birth
<input type="text"/>		<input type="text"/>	<input type="text"/>
Class-Section		Admission Date	Admission No
<input type="text"/>		<input type="text"/>	<input type="text"/>
Religion	Nationality	Category	Blood Group
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aadhar No.	Address		
<input type="text"/>	<input type="text"/>		
Previous Class	Previous School		
<input type="text"/>	<input type="text"/>		

Sibling 1			
Name	Class-Section	Admission No.	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sibling 2			
Name	Class-Section	Admission No.	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parents Information			
Father Name	Mother Name	Father Contact	Mother Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father Aadhar No.	Mother Aadhar No.	Father Qualification	Mother Qualification
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father Email	Mother Email	Father Occupation	Mother Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Guardian Details (if applicable)

Guardian Name	Guardian Contact	Guardian Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian Email	Guardian Address	
<input type="text"/>	<input type="text"/>	

Secondary Details

Medical History (if any)	Doctor Name
<input type="text"/>	<input type="text"/>
Doctor Contact	Emergency Number
<input type="text"/>	<input type="text"/>

Banking Details

Account Holder Name	Account Number
<input type="text"/>	<input type="text"/>
Bank Name	IFCS Code
<input type="text"/>	<input type="text"/>

**Declaration:**  
I hereby certified that the information given in the Admission form is complete and accurate.  
I Understand and agree that misrepresentation or omission of facts may result in denial cancellation of admission or expulsion.  
Further, I agree with all rules and regulations mentioned in the prospectus and in future any change in rules regulations will be acceptable to me.

Date	Signature of Parents/Guardian
<input type="text"/>	<input type="text"/>

Document Checklist

D.O.B Certificate <input type="checkbox"/>	Passport Size Photo <input type="checkbox"/>	Category Certificate <input type="checkbox"/>	Student Aadhar <input type="checkbox"/>
School Leaving Certificate <input type="checkbox"/>	Father Aadhar <input type="checkbox"/>	Mother Aadhar <input type="checkbox"/>	

Information about Student:

Class	Section Code	House Alloted
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	

Signature of Admission Officer

Signature of Principal