



GREEN MEADOWS SCHOOL

HOMOEOPATHIC COLLEGE ROAD, BAGHARBARI,

GUWAHATI – 781037

Phone no: 81340-32690

e-mail: greenmeadowsschoolguw@gmail.com

Photo with
Name &
Date

ADMISSION FORM

Session 20.....

Sl. No:

Admission No: to be filled by office

Class to which admission sought: Session

PERSONAL DETAILS:-

1. STUDENT'S NAME :

2. Gender : Male Female Any Other

3. D.OB : Date Month Year

In words

(Attach Date of Birth Certificate issued by the Competent Authority)

4. Details of Parents :-

Details	Mother	Father/ Guardian
Name		
Educational Qualification		
Residential Address :		
Email :		
Occupation		
Official Address		
Annual Income		

5. Whether the candidate is :

(i) Single Girl Child : Yes No

(ii) Specially abled (Divyangjan) : Yes No

(iii) Belonging to the EWS : Yes No

(Attach prove wherever applicable)

6. Category : (Attach proof) : General SC ST OBC EWS
7. Aadhar No. (Not mandatory) (Attach proof)
8. Name & Address of the last attended school :
9. Class Last Attended
10. Last School Affiliated is : (i) CBSE (ii) ISCE (iii) IB
 (iv) State Board (v) Any other (please specify)
11. Result of Last class :

Subject	Maximum Marks	Marks obtained	% of Marks	Remarks

12. Transfer Certificate Details :
 Transfer Certificate No:.....
 Date of Issue:.....

13. Details of siblings (if any) :

	Brother / Sister	Age	School studying in
Name			

DECLARATION

I hereby declare that the above information including Name of the Candidate, Father's/ Guardians' Name, Mother's Name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the school.

Date

Signature of the Parent(s)/ Guardian

Place

Relation with candidate

Correct entries from the Admission Forms to Admission and Withdrawal Register have been made on page no on dated

Signature of the Principal