



ADMISSION FORM

(To be filled by Parent/ Guardian)

(IN BLOCK LETTERS)

1. Name of Student _____

2. Admission sought in class _____

3. Sex: _____ Nationality _____

4. Address (Residential/ Mailing) _____

5. Phone Number: Resi. _____ Office _____ Mobile _____

6. Date of Birth _____

7. Religion _____ Caste _____

8. Name of last School attended (attach T.C.) _____

(A) Particulars of Father

(B) Particulars of Mother

Name _____

Name _____

Qualification _____ Age _____

Qualification _____ Age _____

Occupation _____

Occupation _____

Office Address _____

Office Address _____

Phone (Resi.) _____ (O) _____

Phone (Resi.) _____ (O) _____

(Mob.) _____

(Mob.) _____

(e-mail) _____

(e-mail) _____



9. Emergency Contact Number: _____

A SISTER CONCERN OF ' LIFELINE HOSPITAL', INDUSTRIAL AREA, SIKANDRA, AGRA.

10. Last Examination Passed: (Attached mark sheet)

Class _____ Year _____ % of marks _____

11. Brothers and Sisters (Real) Name_____ Class_____ Sec._____

(Studying at Lifeline) Name_____ Class_____ Sec._____

12. Kindly Submit: a) 2 Photograph of a student

b) Attested Photocopy of Birth Certificate

c) Attested Photocopy of Mark sheet of Previous Class.

d) Transfer Certificate.

The details furnished above are true to the best of my knowledge. I very well know that my ward is liable to be disqualified if the information's furnished found to be false/ incorrect.

I further undertake to abide by the school regulations.

Date:

Signature of Parent/ Guardian



FOR OFFICE USE ONLY

Name of Student _____

Student admitted in Class _____ Sec. _____

S.No.	Payment detail	Amount	Receipt No.	Cash/ DD. No.	Date
1.	Admission Fee				
2.	Caution Money				
3.	1 st Quarter Fee				
4.	2 nd Quarter Fee				
5.	3 rd Quarter Fee				
6.	4 th Quarter Fee				
Total Amount Realized					

Scholar's Register No. _____

Scholar's Admission No. _____

Date of Admission _____