ADMISSION FORM

DR.B.R AMBEDKAR SIKSHA NIKETAN

Academic Session: 2026-27

Photo

Admission Number: _____

1. Student's Details

Full Name of the Student: _____

Date of Birth (DD/MM/YYYY): _____ Age (as on 01/01/2026): _____

Gender: ☐Male ☐Female ☐Other Nationality: _____

Religion: _____ Category (General/SC/ST/OBC/Other): _____

Class Applied For: _____ Previous School (if any): _____

2. Parent / Guardian Details

Father's Information:

Full Name: _____ Educational Qualification: _____

Occupation & Designation: _____Mobile /WhatsappNumber: _____

Email ID: _____

Mother's Information:

Full Name: _____ Educational Qualification: _____

Occupation & Designation: _____Mobile /WhatsappNumber: _____

Present Address: _____

_____

Dist:-_____Ps_____Pin _____

Permanent Address:

_____

_____

Dist:-_____Ps_____Pin _____

4. Emergency Contact

Name: _____ Relationship with the Child: _____ Contact Number: _____

5. Health Information

Blood Group: _____Any Medical Condition/Allergy: _____

6. Documents Required (to be attached)

☐Birth Certificate (Photocopy) ☐Aadhar Card / ID Proof of Student ☐Aadhar Card / ID Proof of Parents

☐Passport Size Photographs (Student – 4)☐Transfer Certificate (if applicable)☐Caste/Category Certificate (if applicable)

7. Declaration by Parents / Guardians I/We hereby declare that the information provided above is true to the best of my/our knowledge. I/We agree to abide by all the rules and regulations of the school.

Signature of Father: _____ Date: _____ Signature of Mother: _____ Date: _____

For Office Use Only :- Admission Granted in Class: _____

Date of Admission: _____Admission In-charge: _____

Principal's Signature with Seal: _____