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Scholar No.	The Day of		
Juliolai 140.			



ADITYA BIRLA SENIOR SECONDARY SCHOOL

BIRLAGRAM, NAGDA, (M.P.) 456331 Affiliation No. 1030129

ADMISSION FORM SESSION 2025-26 Class (in which student seeks admission)										Self attested passport size photo					
Class (III Willell staucht seeks		STUD	ENT	'S IN	VFOI	—J RMA	TIO	N					pnot		
1.Name (In Capital Letters)							-				Y :				ka'
2. Gender	М		Female											S.	
3. Date of Birth	(in figures)			r (°	ì	υĎ			10 N		an,				
	(in wo	rds)			E.E. 0		, at 1					2 8 5		er .	
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4. Email Address			VI 0						4					 ••••	
5. Blood Group	e	5. Is stu	ıdent	diffe	rentl	y able	d Y	es No	亅	7. If	yes,	Туре	e of c	disab	ility
8.Religion	1 h									* *** ;	. 15		in E	\$0,E	4
9(i).Category (Gen/SC/ST/OBC/Minority)	= 1 1		765	**************************************			9 (ii)	Caste			問 日 日			V	y 2011 -
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11. SSSM ID							• 16 -								
12. Bank Account Number					1 10	=" 1							=	Ē.	
13. Name and Address of the								12		7, 1		j.	=	4 .	
Bank													in .		-
14. IFSC code of the Bank			14								•				
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15. Father's Name (In Capital)	- T	_			_							19	, 1		
16. Fathers Qualification		72				ti 42						F.			7s.5
17. Father's Occupation	T			- 4	1	÷	6	, -		. Š	1		1	Ī	T
If Aditya Birla Group employee,	Employ	yee Cod	de		2 - 1		C - 5	De	partn	ent		7 2			, y
18.Contact Number / Residence Mobile Number Whats up	12 1			in gen											
19. Whether Permanent Resident	of Mad	dhya P	rades	h			D	Yes	1	No					
20.Aadhar Card Number		794						T]				
21. Family SSSM ID	一				一		〒		8, 5	+-]				

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22. Bank A	ccount Number													<u></u>	<u> </u>		
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27.Contact					<u> </u>]]				
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28. Wheth	her Permanent Residen	t of Ma	dhya P	rade	esh	(1) (1) (1)	7			Yes	No]	1				
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30. Bank /	Account Number														1 - 10		
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22 Numb	or of Children	Bovs			1		Gi	rls			2						
33. Numb	er of Children 3.Details of wa					ed i	n A	dity								Vest	- - - -
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Medical Certificate

	Medical Certificate	
cartiod that I have exam	nined (name of the student)	S/D of
	and found him/her fit to join the school and found him/her fit to join the school problems, allergy or any other serious ailme	DOI. I also certify that the salu student ha
no breathing or cardiac p	Robletiis, ancigy of any	
	Seal and s	ign of Registered Medical Practioner
	Declaration by Parents/ Gu	ıardian
Certified that the above	statements/documents submitted are true	to the best of my knowledge.
		Signature of the Parent/ Guardian
	Undertaking	
	father /guardian of	undertake the responsibility
Place Date	**********	Signature of the Parent/ Guardian
	FOR OFFICE USE ONL	Y
Mast./ Miss	S/D of Mr	is admitted to
class	on	
		Signature of Principal
	Fee Submission	
Received amount of `	(In words)	as
	fee vide receipt no	dated
nclousers:		Signature of Accountant
Transfer certificate in case Photo copy of caste certi	in case of admission in LKG. se of transfer from other school. ficate of ward/ father, in case of SC/ST/OBC.	
Photo copies of mark she Photo copy of BPL ration	eet. Card for BPL card holders.	
Migration certificate (Fo	r admission to class XI)	Page 3 of 3
Photo copy of Aadhar Co	irds of Child,Mother,and Father are Compulsory	<u>.</u>