

Admission Form

Jalandhar Heights 2, Jalandhar, Punjab www.agiglobalschool.com info@agiglobalschool.com

Serial Number: (to be filled by the school authority only)	Dat	te	:						
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Guidelines for filling the form:

Please fill the complete form in the block letters with a blue or black ball pen only. Attach the following documents with the admission form:

- (1) 6 passport size photographs of the child.
- (2) Parents' address proof.
- (3) Attested copy of birth certificate of the child.
- (4) Health card of the child.

AFFIX PHOTOGRAPH	
HERE	
(DO NOT STAPLE)	

I/We are considering enr	olli	ment inbranch
with effect from	•••••	month/year.
First Name	:	
Middle Name	:	
Last Name	:	
Nick Name (if any)		

Personal Information of the Student

Date of Birth	:			Age	at the time o	f admission (in years)	:
Gender	:	Male	Female	Religion :		Nationality :	
Category	:	Gen	sc/st/obc				
Natal Tongue	:			Home	e Language :		
Address	:						
City	:			State	:		
Telephone 1	:			Telep	hone 2 :		

Has the child attended any school previously, if yes:

	_					
Name of the previous school attended	:					
an lar	City/Charles					
City/State :	City/State	•				
From : To :	Danier faulus					
From : To :	Reason for lea	aving :				
_	_	_				
_		_				
Father's Photograph	Mother's Photograph	Guardian's Photograph				
Specimen Signature	Specimen Signature	Specimen Signature				
Fathers's Particulars						
Name	Age	Nationality				
Academic Qualification	Designation					
Name of the Organization						
Office Address						
Office Telephone Number Annual Income Annual Income						
MODIIG	LITIUII AUUI 633					
Mother's Particulars						
Name	Age	Nationality				
Academic Qualification Designation Designation						
Name of the Organization	_					
Office Address						
	••••••					
Office Telephone November	A I	Income				

LOCAL GUARDIAN INFORMATION (IF APPLICABLE)

Guardian's Name	
Relationship with the child	
Home address	
Mobile Email Address	
SIBLING'S PARTICULAR (ENROLLED IN AGI GLOBAL SCHOOL (if any)	
SIBLING 1: Name	Age
ClassYear of Joining	
SIBLING 2: Name	Age
ClassYear of Joining	
DECLARATION	
 child given in this form are correct to best of my knowledge and I shall not make any request All the information furnished in this form is true to the best of my knowledge and belief and I to or mis leading information or withholding correct information may disqualify the child for adress I have received and read the rules and regulations of the centre and I agree to abide by the test to the centre reserves the right to amend any clauses started herewith without prior notice. I hereby put my signature to confirm the above declaration 	understand that rendering false mission at AGIGS.
Name and Signature of the Parent	Date
FOR OFFICE USE ONLY	
Admission No Date of Admission	
Fee Paid: Yes No Amount Amount	
Mode of Payment: ChequeCheque NoCheque No	
Program Section	
Transport Pick-up Pick-up	•••••••••••••••••••••••••••••••••••••••

Signature of Accountant

Signature of Principal

