

AIR FORCE SCHOOL : DIGARU



Paste
Passport
Size Photo

ADMISSION FORM : ACADEMIC SESSION 20

PART- I

1. Student Name (In Capital Letter) : _____
2. Date of Birth (Student) : _____
3. Age as on 01 Apr 20..... : _____
4. Place of Birth : _____
5. Blood Group of Child : _____
6. Mother Tongue : _____
7. Previous School Attended : _____
8. Class in which studying & the medium of instruction
in the last School : _____
9. Class in which admission on sought : _____

(Attach documentary proof of date of Birth i.e. Birth certificate issued by Govt. Hospitals as well as by Municipalities/POR Extract duly signed by Unit Adjutant.

PARTICULARS IN RESPECT OF PARENT/GAURDIAN.

10. Mothers Name: _____ Mob.No _____
11. Father/Gaurdian's Name : _____ Mob.No _____
12. Occupation : _____
Service No. _____ Rank _____ Trade/ Branch : _____
Section : _____ tele No. (if any) : _____
13. If a Civilians (a) PA/Pass No. : _____ Trade : _____ Section : _____
14. Relationship to Child : _____
15. Present Address : _____
(If staying in SMQ Qtr. No) : _____
If not staying in SMQ, Give full address
: _____

16. Category (Tick in the relevant box)
Offr ☐ Airmen & Gp 'C' Civilian ☐ NCs (E) ☐ Pure Civilian ☐

17. Bank details (for refund of caution money :

Beneficiary Name :

Bank :

Account No.

IFSC :

Branch:

18. DECLARATION OF PARENT/ GAURDIAN.

(a) I hereby state that the date of Birth of child and other particulars given above are true to the best of my knowledge and belief.

(b) I agree to abide by the rules & regulations of the school in all respects.

(c) I also agree to pay monthly prescribed school fees in advance by 10th of the first month of every quarter without fail. A fine of Rs. 5/- per day will be charged as Late Fee from 11th onwards of the month (be it holiday or working day) in which quarterly payment is due.

Date :

Signature of Parent/Gaurdian

PART- II
(Only for Defence Personnel & Defence Civilian)

19. Remarks by Adjit/CGO.

Student is dependent on the employee and category claimed is correct/incorrect as per service record.

Name : _____
Rank : _____
Designation : _____

Unit : _____
Date : _____

PART- III

20. **Remarks by Medical Officer.** Medically Fit/Unifit for Admission

Name : _____
Rank : _____
Designation : _____
Unit : _____
Date : _____

PART- IV

21. **Remarks by Teacher In-charge**

Admission granted in : Pre-KG/LKG / UKG ‘A’/ UKG ‘B’
Admission No. & Date: _____
Receipt No. & Date : _____
Amount Received : _____

Date : _____
Teacher In- charge
Air Force School, Digaru

PART- V

22. **Remarks by Executive Director Air Force School, Digaru.**

Approved/ Not approved

Name : _____
Rank : _____
Designation : _____

Unit : _____
Date : _____