



AKG PUBLIC SCHOOL
AFFILIATED TO CBSE, NEW DELHI CODE NO: 1930826
(A Unit of Asan Memorial Educational Institutions)

INFORMATION FORM

SL.NO:

Name of the Students: _____

Date of Birth _____ Place of Birth: _____ Male/Female: _____

Mother Tongue: _____ Name of the School last attended: _____

APPLYING FOR:

Class _____ Available Languages : Tamil, Hindi Additional Language : Malayalam

Father's Name: _____ Educational Qualification: _____ Occupation: _____

Company: _____ Email Id: _____ Contact No: _____

If Business, Type of Business: _____ Annual Income: _____

Office Address: _____

_____ Pin code: _____

Mother's Name: _____ Educational Qualification: _____

Occupation: _____ Company: _____ If Business; Type of Business;

Annual Income: _____ Contact No: _____ Email Id: _____

Residential Address: _____

How did you come to know of the Institution (Please tick): Parent/Staff/Website/ word of Mouth

Any Brother / Sister studying in our Institution:

1. Name: _____ Class: _____ Section: _____

2. Name: _____ Class: _____ Section: _____

Expectations from school _____

I/ We the undersigned, Verify that above information is accurate:

Note:

If the students does not join the class within 15 days from the date of reopening/ starting of the class the admission will be deemed as cancelled and all payments pertaining to the same stands forfeited.

I/We hereby understand and undertake to comply & abide by the rules & regulations of the Institution.

Parent's Signature

***NO INCOMPLETE FORM WILL BE ACCEPTED**

For Office Use:

Remarks: _____

PRINCIPAL

ADMINISTRATOR