

GOVT. GIRLS HIGH SCHOOL DEGWAR (M)



ADMISSION FORM

FEN IVO.	2	SIIIII		
ADM. NO	***************************************			SS :
1. NAME OF THE CANDIDATE :				
2. FATHER'S NAME:-				
3. MOTHER'S NAME:-				
4. D.O.B IN FIGURE:				
5. D.O.B IN WORDS:				
6. ADDRESS:-				
SEX :- Male Female 8. CATEGORY :-		Pahari ST	SC	
9. SUB-CASTE : 10. PH	STE : 10. PHONE NO.			
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11.AADHAR NUMBER:-				
12. BANK ACCOUNT NO.				
13.PREVIOUS CLASS PASSED :-	1	I. PREVIOUS	SCHOOL:	
15.MARKS OBTAINED IN PREVIOUS CLAS	S:	16. %AGI	E OF MARKS :	
17. TYPE OF RATION CARD:- BPL	APL	РНН	NPHH	AYY
Signature of Parents Signs	ature of Stu	dents		master High School
				var (M)
<u>FI</u>	EE RECE	<u> ZIPT</u>		
Received Rsas Admission Fee founder Admission No	or the session	on 2020-21 a	nd admitted ir	ıclass
I/C Admission	Checked By			