

# PLAYWAY MODEL (SMART) SCHOOL

SECTOR 37 A, CHANDIGARH (RECOGNISED)  
Email:playwaysmartschool@yahoo.in

PH:0172- 2691405  
MOB: 9501967393

Session : \_\_\_\_\_

Admission no : \_\_\_\_\_

## ADMISSION FORM

Paste Passport  
size photo of the  
Child

Name of the child (in capitals) : .....

Admission applied for Class : .....

Gender : Male  Female  (Tick the correct one )

Date of birth : DD MM YY...../...../..... Age as on 31.03.2022.....Yrs..... mths

Religion : ..... Mother tongue : .....

Social Category :(Tick correct box) : General  SC  ST  OBC

Disability ( if any ) ..... Blood group : .....

Child's Aadhar Number: .....

Medical history of the Child ( If any-specify & attach the proof ) .....

Father's Name (in capitals) : .....

Educational Qualification : .....

Occupation : ..... Office No : .....

Office Address : .....

Annual Income :(Tick correct box)Above  $\leq$  1.5Lacs  Above 1.5 to  $\leq$  3 Lac

Above 3 to  $\leq$  6 Lacs  Above 6 Lacs

Mobile No : ..... Landline : .....

Email : ..... Aadhar Card Number: .....

Mother's Name (in capitals) : .....

Educational Qualification : .....

Occupation : ..... Office No : .....

Office Address : .....

Annual Income :(Tick correct box)Above  $\leq$  1.5Lacs  Above 1.5 to  $\leq$  3 Lac

Above 3 to  $\leq$  6 Lacs  Above 6 Lacs

Mobile No : ..... Landline : .....

Email : ..... Aadhar Card Number: .....

Residential Address with photocopy of proof of residence.....

Documents required : Aadhar card of child & parents , Child's DOB Certificate ,  
Disability proof(if any).Blood group proof.3 passport size photographs of the child.

Details of brother or sister ( if any ) already studying in this school:

Name : .....

Class : .....

**Previous School details:**

YEAR	SCHOOL	CLASS	MARKS OBTAINED

(Please submit transfer certificate & report card )

If admission is requested under EWS / Disadvantaged group , following documents are required to be submitted:-

- Certificate of income attested by the SDM.( For EWS)
- Certificate of belonging to Scheduled Caste/Scheduled Tribe/Other backward Class – Issued by the appropriate authority in the child's name only. ( For SC/ST/OBC )

**DECLARATION**

I / We the parent(s) of Master/Miss ..... hereby declare that the particulars given above by me /us are true and correct and nothing has been concealed.

**SIGNATURES:**

**SIGNATURES:**

NAME IN CAPITALS : .....  
(FATHER)

NAME IN CAPITALS : .....  
(MOTHER)

PLACE : CHANDIGARH

DATED : .....

**FOR OFFICE USE**

The parents of Master / Miss ..... have deposited required documents and fees Rs ..... Vide receipt no ..... for the admission.

Dated : .....

(Authorized Signatory)