

PLAYWAY MODEL (SMART) SCHOOL

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

PH:0172- 2691405
MOB: 9501967393

Session : _____

Admission no : _____

PEN number : _____

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 31.03.2026.....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 / Guardian Name (in capitals) :

Educational Qualification :

Occupation : Office No :

Office Address :

Annual Income :(Tick correct box)Above ≤ 1.5Lacs ☐ Above 1.5 to ≤ 3 Lac ☐

Above 3 to ≤ 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 ≤ 1.5Lacs ☐ Above 1.5 to ≤ 3 Lac ☐

Above 3 to ≤ 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)

Rs :150 only