PLAYWAY MODEL (SMART) SCHOOL

SECTOR 37 A, CHANDIGARH (RECOGNISED) PH:0172- 2691405
Email:playwaysmartschool@yahoo.in 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 31.03.2027……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 : …… **NAME IN CAPITALS : ……**

(FATHER) **(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

PLAYWAY SMART SCHOOL
Nurturing The Future Since 1965