



# O. P. JINDAL SCHOOL, NSPL, TARAIMAL, RAIGARH (CG)

Phone : 07762-304900, Email : opjs@nalwa.com, Website : www.opjsntaraimal.com

FORM NO: .....

## ADMISSION FORM

### FOR OFFICE USE ONLY

- a) Admission No. \_\_\_\_\_  
b) Date of Admission \_\_\_\_\_  
c) Admission granted in class \_\_\_\_\_

Signature of the Principal

PLEASE **PASTE** THE LATEST  
PASSPORT SIZE  
COLOUR PHOTOGRAPH  
OF THE CHILD

(DO NOT STAPLE)

PHOTOGRAPH OF  
THE STUDENT

PLEASE **PASTE** THE LATEST  
PASSPORT SIZE  
COLOUR PHOTOGRAPH  
OF THE MOTHER

(DO NOT STAPLE)

PHOTOGRAPH OF  
THE MOTHER

PLEASE **PASTE** THE LATEST  
PASSPORT SIZE  
COLOUR PHOTOGRAPH  
OF THE FATHER

(DO NOT STAPLE)

PHOTOGRAPH OF  
THE FATHER

(Please do not staple the pohtograph)

SIGNATURE OF MOTHER

SIGNATURE OF FATHER

1. NAME OF THE STUDENT (IN BLOCK LETTERS) : .....
2. DATE OF BIRTH (IN FIGURES) : .....  
(IN WORDS) : .....
3. AADHAR CARD NO. : .....
- SEX : ..... RELIGION : ..... CASTE : .....  
(Male / Female) [ ST / SC / OBC / GENERAL ]  
BLOOD GROUP : ..... (Tick out the correct one & submit the Photo Copy  
of caste certificate, if belongs to ST / SC / OBC)
4. CLASS TO WHICH ADMISSION IS SOUGHT : .....
5. CLASS IN WHICH HE/SHE LEFT THE PREVIOUS SCHOOL : .....
6. NAME OF THE SCHOOL ATTENDED LAST : .....
7. DETAILS OF TRANSFER CERTIFICATE : Sl. No. .... Date : .....
8. WHETHER THE CHILD IS VACCINATED : .....

9.	Details of family	* Full name using Capital Letters	Qualifications	Nationality	Occupation
	(a) Father				
	(b) Mother				
	(c) Brother(s)				
	(d) Sister(s)				

\* Parent's name may please be as per their name in their school/college leaving certificate.

(P.T.O.)

9. DETAILS OF GUARDIAN (IF FATHER IS NOT ALIVE / STAYS OUT OF STATION)

Name : ..... Qualification : ..... Relationship with the ward : .....

10. WHETHER THE FATHER / GUARDIAN IS AN EMPLOYEE OF THE NALWA STEEL & POWER LTD. / JINDAL STEEL & POWER LTD. / JINDAL POWER LIMITED / STATE GOVT. / CENTRAL GOVT. / ANY OTHER ORGANIZATION (PLEASE GIVE FULL DETAILS BELOW) :

Name and address of the Department / Department	Designation & Employee Code	Salary / Annum

11. Present address of the student ..... ..... .....	1. Phone No.	
	2. Phone No.	
	e-mail	

12. Permanent address of the student ..... .....	1. Phone No.	
	2. Phone No.	

13. Whether Bus facility is needed : Yes / No ..... If yes, Bus No. & stop : ..... (to be filled by the office)

14. Area of interest where parental contribution may enrich the school (Please tick out the appropriate areas) :		
<ul style="list-style-type: none"> <li>▪ Music / Dance / Drama <input type="checkbox"/></li> <li>▪ Academics <input type="checkbox"/></li> <li>▪ Bus / Outing Supervision <input type="checkbox"/></li> <li>▪ Sports <input type="checkbox"/></li> <li>▪ Community Programme <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>▪ Social Skills <input type="checkbox"/></li> <li>▪ Public Speaking <input type="checkbox"/></li> <li>▪ Medical <input type="checkbox"/></li> <li>▪ Media / PR <input type="checkbox"/></li> <li>▪ Painting / Sculpture <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>▪ Communication Skill <input type="checkbox"/></li> <li>▪ Career Counselling <input type="checkbox"/></li> <li>▪ Others, if any (Please specify) <input type="checkbox"/> _____</li> </ul>

**Declaration**

I solemnly declare that all the information furnished by me in this application is true to the best of my knowledge and belief. I will abide by all the existing/ modified rules and regulations of the school. I undertake full responsibility for the payment of fees on account of my ward. I shall give one month's notice for the withdrawal of my ward or shall pay one month's fee in lieu, there of. I accept that the decision of the Principal / Headmaster with regard to the discipline of the school would be final and binding on me. I hereby ensure that in case my ward is found to be suffering from any contagious / constitutional / hereditary disease or infirmity, I will immediately bring it to the notice of the authority of the school. I will ensure that he/she is regular in studies, in attending all the activities organized by the school and the payment of fees and dues are made on time. Under any circumstance, I will not approach the authority of the school for any change in the schedule pertaining to examination, curricular and co-curricular activities. I will extend full co-operation to the well being of the school. I hereby ensure that all the instructions given to my child/ward by the school authority will be adhered to.

Signature of Father/Guardian .....

Signature of Mother .....

Date : .....

Place : .....