



XAVIER'S MODEL SECONDARY SCHOOL

Affiliated to CISCE New Delhi Co-Education English Medium
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Website.: www.xaviersmodelsecondaryschool.org • Himnagar,Dankuni,Hooghly

Admission Form

Form No: **1312**

Registration No :

For Class: _____ Session 20 -20

Please affix colour photograph of the student

DO NOT STAPLE

PLEASE FILL UP THE FORM IN BLOCK LETTERS

GENERAL INFORMATION

Name of the student : _____

Date of Birth : _____

Gender : Male Female (Put a tick mark)

(Fill in words)

Blood Group : _____

Caste : GEN

Aadhar No. : _____

(Yes/ No) (Put a tick mark)

SC

Nationality : _____

ST

Religion : _____

OBC

Mother Tongue : _____

Physically Challenged : _____ (Yes/ No)

Special interest in Co curricular Activities: _____

Any Special difficulty on chronic illness _____

Please mention the second language : _____ Third language _____

PREVIOUS SCHOOL INFORMATION

School Name : _____ Class : _____

School Address : _____

(Please attach transfer certificate, character certificate and other documents along with this form)

Present Address

House no : _____ Street Name : _____

Village : _____ Post Office : _____

Police Station : _____

Municipality / Panchayat : _____

Block / Sub-Division : _____

District : _____ State : _____

PIN Number : _____ Contact Number : _____

Permanent Address

House no : _____ Street Name : _____
Village : _____ Post Office : _____
Police Station : _____
Municipality / Panchayat : _____
Block / Sub-Division : _____
District : _____ State : _____
PIN Number : _____ Contact Number : _____

Father's Information

Name : _____
Occupation : _____
Office Address : _____
Email : _____ Monthly Income (Rs.) : _____
Office Contact : _____ Mobile Number : _____
Aadhar Number : _____

Please affix colour
photograph of the
FATHER OR
GUARDIAN

DO NOT STAPLE

Mother's Information

Name : _____
Occupation : _____
Office Address : _____
Email : _____ Monthly Income (Rs.) : _____
Office Contact : _____ Mobile Number : _____
Aadhar Number : _____

Please affix colour
photograph of the
MOTHER

DO NOT STAPLE

IN CASE OF EMERGENCY KINDLY CONTACT

Name : _____
Contact Number : _____
Relation with child : _____