St. Gianelli Convent School (CBSE)



(Gumthala Road, Ajani Village, Kamptee, Dist: Nagpur. Pin: 441401 (M.S.)

Mob: 9405144269 Email: st.gianelliconventschool@gmail.com

Affiliation No: 1130708 School Code: 30620



ADMISSION FORM

| | (Sister) studying in St. Gland | For Office Use Only |
|-----------------------------------------------------------|--------------------------------|---------------------|
| | Passport Size | Date of Admission |
| Family Photograph | Photo of the Candidate | |
| (Father, Mother and Child/Children together in one photo) | (Paste) | Registration No |
| (Paste) | | |
| 41500 | | STEEL SHIP HE WAS |

(Fill the following information in BLOCK letters only)

| 1. | Full Name of the Cand | lidate: | | | | | | | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------|-----------------|-----|-----------|--------|--------------|---------|-----------|---------|---------|
| 2. | Date of Birth: | All | | | | H4302 | | | | | | |
| 3. | Date of Birth in words | I bas s | 35 4 | | | en Fry In | hempo | Int stods | at the | ela yilin | an ydda | erf avv |
| 4. | Aadhar (UID) No. | 271505 | yiita | astrolles | | ACT LAND | STATES | 10 Jan Hills | JEH WUT | o lunging | CONTRA | |
| 5. | Sex: | 6. | Nati | ionality: | SWA | bisw(ym | 7. | Place of | Birth: | g Formati | ob anti | all nor |
| 8. | Religion: | 9. | If Christian, specify the Denomination | | | | | | | s làod | | |
| 10. | Caste: | | 11. | Sub Caste | e: | | | | | | | |
| 12. | Mother Tongue | | , | 13. Blood Group | | | | | | | | |
| 14. | Father's Name: | | | | | | | | | | | |
| | Occupation: | | | | | | | | | | | |
| | Office Address: | | | | | | | | | | | |
| | Tel./Mobile No.: | | | | | | | | | | | |
| 15. | Mother's Name: | | | | | | | | | | | |
| | Occupation: Manufacture of the state of the | | | | | | | | | | | |
| | Office Address: | | | | | | | | | | | |
| | Tel./Mobile No.: | | | | | | | - 4 | | | | |

| 16. | Residential Address: | Sch | inev | i Con | liens | St. 61 | | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------|---------------------------------|-----------------------------------------------|--|--|
| | Tel./Mobile No.: | in Grost eve | Statement of | 10 102 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | NUDER NUMBER | · 64 (X) X | | |
| 17. | Name of the last school Attended: | | | | | | | |
| 18. | School leaving Certificate No. | MAG | HOISE | 19. | Year | | | |
| 20. | Admission into Standard | | | Age on Adm | nission | | | |
| 21. | Is sibling (Real Brother/Sister) studying in St. Gianelli Convent School? YES / NO Name of Sibling (Real Brother/Sister) Class & Sec.: Admn. No | | | | | | | |
| 22. | Any Medical History: | (uteral) | ione d | | C) Security As Lie | Justen same | | |
| 23. | Any learning disability / disorde | | A 150 (150) | 72493 | | - 1 | | |
| | (Only Loco-motor disability will | be considere | d in St. Giane | lli School) | J | | | |
| inform proce short | hereby certify that the above in mation is found to be incorrect of less without any correspondence listing does not guarantee admis of and I/We will abide by the decis | nformation profession that is regardession to my was | ard shall be a d. I/We also ard. I/We acc the school au | utomatically dunderstand the ept the proce | lebarred from at the applica | selection/admission ation / registration / | | |
| | Signature of the Mother Signature of the Clerk | | | | | f the Father | | |
| | Signature of the Clerk | | | | Signature of | the Principal | | |