

"JAGJIT SINGH SACHDEVA ASHA KIRAN SCHOOL"
SPECIAL SCHOOL FOR MENTALLY CHALLENGED CHILDREN
V.P.O. - JAHAN KHELAN HOSHIARPUR- 01882-272460, 461
APPLICATION FOR ADDMISSION

Two Photos of
child with
Father/Mother

NO. _____

DATE: _____

1. NAME OF STUDENT : _____
2. DATE OF BIRTH : _____
3. SEX : MALE/ FEMALE _____
4. FACILITY NEEDED : DAY TIME/ HOSTEL/ TRANSPORT _____
5. a. FATHER'S NAME : _____
GURDIAN'S NAME : _____
b. FATHER/ GARDIAN'S OCCUPATION: _____
c. INCOME PER MONTH : _____
(PLEASE ATTACH :
CERTIFICATE IF EMPLOYEE) :
6. a. MOTHER'S NAME : _____
b. MOTHER'S OCCUPATION : _____
c. INCOME PER MONTH : _____
(PLEASE ATTACH :
CERTIFICATE IF EMPLOYEE) :
7. ADDRESS & PHONE NO. : _____
(ATTACH PROOF)

PRESENT LOCAL ADDRESS:

PERMANENT ADDRESS:

8. DETAIL OF FAMILY MEMBER'S:

NO.	NAME	RELATIONSHIP WITH CASE	AGE	SEX	EDUCATION
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