

# EXCELSIOR MODEL HIGH SCHOOL

Ward - 4-B, ADIPUR - KACHCHH.

Phone No. : 260807  
260823



Date : \_\_\_\_\_

## ONLINE APPLICATION FORM

Dear Sir/Madam,

I wish to admit my Son / Daughter / Ward in your School.

The Details are :

Name of Pupil : \_\_\_\_\_

(In Capital) Surname Name Father's Name

Date of Birth (in words) : \_\_\_\_\_

Date of Birth (in Figures) : \_\_\_\_\_

Age : \_\_\_\_\_ Place of Birth : \_\_\_\_\_

Religion : \_\_\_\_\_ Nationality : \_\_\_\_\_

Caste : \_\_\_\_\_ Sub Caste : \_\_\_\_\_

Mother Tongue : \_\_\_\_\_

Mother's Name : \_\_\_\_\_ Mother's Education \_\_\_\_\_

Father's Name : \_\_\_\_\_

Father's Education : \_\_\_\_\_ Occupation \_\_\_\_\_

Address : \_\_\_\_\_

Phone No. : (O) \_\_\_\_\_ (R) \_\_\_\_\_ MOBILE NO. \_\_\_\_\_

Guardian's Name & Address if not residing with Parents \_\_\_\_\_

Class in which admission is sought \_\_\_\_\_ Year : \_\_\_\_\_

Previous Educational Record : \_\_\_\_\_

Signature of Father / Mother / Guardian

Principal

● Fees paid will not be refunded.

● ભરેલી ફી પાછી આપવામાં આવશે નહિં.