

वायु सेना विद्यालय, चाबुआ

AIR FORCE SCHOOL CHABUA

(Air Force Station Chabua, Distt: Dibrugarh, Assam PIN-786102)

Tele: 0373-23867771 Exten-7855

Affix attested
passport
Size photo
Graph
Of the child

Form No:-



ADMISSION FORM

1. Date of Application:
2. Name of the Child (In Block Letters).....
3. Class in which admission sought.....
4. Date of Birth (in Figures)..... (In Words).....
(Attach attested copy of Birth Certificate) (POR Extract Mandatory for Defense Personnel)
5. Age as on 01 April..... Years..... Months..... Days..... Sex.....
6. (a) Nationality.....(b) Religion.....(c) Mother Tongue.....
(d) Caste.....
7. Parent's name: (a) Father.....(b) Mother.....
8. **Present Address of Parents:***
(a) Ser No.....Rank.....Trade.....Unit.....Section.....
Tele No (O)..... Email Id:.....
(*Applicable to service personnel only)
9. **Residential Address:** Vill/Town.....PO.....Dist.....
State.....Pin.....Tele.....
10. **Permanent Address:** Vill/Town.....PO.....Dist.....
Pin.....Tele.....
11. Parent's Occupation & Monthly Income.....
12. Category of children (tick () the appropriate box)
 Offrs & Equivalent Airmen & equivalent NCs(E)/MTS/NPF Emp Pure Civilian
13. Previous School Details:
 - a. Name of the last school attended.....
 - b. Whether Air Force School or not.....
 - c. Whether recognized by State Education Authority/CBSE.....
 - d. Class in which studied.....(e) Medium.....
 - f. Result of last exam..... (Please enclose a copy of report card).
 - g. Whether transfer certified is attached.....(if yes) TC No.....date.....

DECLARATION BY PARENT/GUARDIAN

1. I hereby declare that the date of birth of my Son/Daughter furnished by me is correct and that I will not demand any change at a later date.
2. That the information furnished above are true and correct to the best of my knowledge and belief, incomplete information will render the application invalid.
3. I shall abide by the rules and regulations of the AF School Chabua.

Date: _____ Signature of Parents/Guardian

CERTIFICATE BY ADJUTANT

This is to certify that Master/Miss.....is a Son/Daughter of
Ser/PA NO.....Rank.....Name.....Trade.....
Unit.....As per his/her service records his/her date of birth is.....
POR No.....

Date: _____ Signature of Adjt

FOR OFFICE USE ONLY

Admitted to class.....Sec.....

Date: _____ Signature of Headmistress

.....
Admitted to classSec.....on.....

Fee Receipt No.....Dated.....Total Amount received.....

Date: _____ Signature of Class Teacher/IC Fee Collection

.....
Certified that the Name of.....has been entered in the school's
Master Register SI No.....

Date: _____ Office Clerk/School Manager

Remark by Executive Director:

Date: _____ Executive Director