

Admission No. _____

ADMISSION FORM



Making Life Long Learning A Reality For All

ZIRAKPUR PANCHKULA HIGHWAY, AJIT ENCLAVE, DHAKOLI, ZIRAKPUR (ADJOINING CITY PALACE)

Email : info@cgsz.in Website: www.cgsz.in

(Please fill in the details in CAPITAL LETTERS only)

Class in which admission is sought:

Name:

Gender: D.O.B.: (DD/MM/YY).....

ReligionCategoryBlood Group

Aadhaar Card No./Enrollment No:.....

Name and address of present school:

**Please affix
a recent photograph
of the child here**

Sibling 1

Name: Gender: D.O.B.:

School : Class:

Sibling 2

Name: Gender: D.O.B.:

School : Class:

Parent/Guardian Details:

● **Father (full name):**

Educational Qualifications:

Profession: Designation:

Address (Res.):

Address (Off.):

Telephone (Res.):..... Mobile: Email:

● **Mother (full Name):**.....

Educational Qualifications:

Profession: Designation:

Address (Res.):

Address (Off.):

Telephone (Res.):..... Mobile: Email:

