



GREEN FIELD Higher Secondary School

VALIDITY 10 DAYS APPLICATION FORM - A

ADMISSION FORM Nursery to 12th

Class Applied Sub. Medium

SSSM ID :

Annual Fees _____ Admission Fee _____

Paid Amount _____ Receipt No. _____

Bal. Amount _____ Date _____

Sign. _____ Name _____

BASIC INFORMATION

A (Use Block Letters Only & Candidates own handwriting)

Name

Name of Father _____

Name of Mother _____

Address _____

City _____ State _____ PIN _____

Telephone No. _____ STD _____

E-mail _____ Mobile _____

PERSONAL INFORMATION

B Date of Birth Place of Birth _____

Date of Birth (In Words) _____

Domicile _____ Sex _____ Blood Group _____

Category (SC / ST / OBC / GEN) _____ Caste _____

Marital Status (Married / Unmarried) _____

FOR STUDENTS

C Nationality _____ Domicile _____

BOARD INFORMATION

D Enrollment No.

ACADEMIC PROFILE

E (Use Capital Letters Only) Past 3 Years Curricular

Exam	Board	Name of School	Subjects	Year of Passing	% of Marks Obtained	Medium of Instruction

(Note: Xerox-copy of the mark sheet of last exam passed to be attached.)

EXTRA & CO-CURRICULAR PROFILE

F Mark (✓) (Information shall be used in various activities)/Committee membership)

- Cricket Hockey Football Chess Volly Ball Basket Ball Music
 Drama Fashion Painting Designing Debate Blog Dance
 Adventure Sports Water Sports Library Publications Tours Singing

(Signature of Applicant)

GREEN FIELD HIGHER SECONDARY SCHOOL

Rishabh Vihar Colony, Kannod Road, Ashta Distt. Sehore (M.P.) Ph :- 07560-245347, 9893139498

E-mail : greenfieldschool44@gmail.com

REQUIREMENT FOR FOUNDATION COURSE MODULE

G

(Mark any one if you need special training before the start of academic session)

- English
 Hindi
 Science
 Maths
 Logical Reasoning
 Personality Development
 Basic Computers
 Moral Science Basics

OUT STATION CANDIDATES
(Omit if Not Applicable)

H

Name of Local Guardian
Address for Correspondence

Mo Telephone. No.

* Address proof - Xerox copy of Electricity Bill/Pan Card / Voter ID Card.

HOSTEL FACILITY

Hostel Required Yes No

For Official Use

Hostel Name

Room No.

ADMISSION CRITERIA

I

Mark (✓) (Applicable to students entering through admission test)

Competition		Others <input type="checkbox"/>
Competition Name	Rank	Marks
.....

FEE PLAN APPLIED : Lump Sum Installment * Once specified cannot be charged Monthly

DECLARATION

I hereby declare that the information provided by me is true, and subject to verification. I promise to abide by the rules and regulations of the Institute & the University and any action against the breach would be acceptable to me. I indemnify the Institute for any kind of loss. I also accept that admission is subject to terms & conditions and its approval applicable from time to time by the monitoring/controlling authorities i.e. University, State Govt. and Central Government. Completing all the requisites of University/Govt. like eligibility/enrollment will be my responsibility. The Institute, in no case, will be liable for cancellation of Course/Admission. In such an event, fee, under any circumstances, will not be refundable and no consequential damages whatsoever will be payable by the Institute. I also agree that in case of termination or suspension because of misconduct or any other reason, no claim of refund of fee and/or any consequential expenses will be made. I further authorise the Institute to penalise & charge for any damage or loss to its property. I understand that if I leave the course in between I shall be liable to pay complete fee amount for the current year. I also understand that all fee paid except caution money is not refundable under any circumstances.

Date :
Place:

(Signature of Applicant)

STRICTLY FOR OFFICE USE

- TC
 CC
 Migration
 Address Proof (Telephone bill/ Electricity bill)
 Photo Copy Of Marksheet

REMARK:	Seat <input type="checkbox"/>	Fee Lumpsum <input type="checkbox"/>	Inst. <input type="checkbox"/>	Monthly <input type="checkbox"/>
	Class <input type="checkbox"/>	Subject <input type="checkbox"/>		
	Mr. /Ms. :		S/o. D/o.	
	Receipt No.:		Initial Amt.:	

Admission Granted Yes No

Date: Admn In-Charge Principal/Director