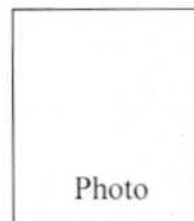


**Common Application Form for the Admission under
Economically Weaker Section (EWS) & Disadvantaged
Group Category (DG) (under RTE Act 2009) for the Session 2017-18**



Registration Number

(To be filled by the school)

1. Name of the School: _____
(With address)

2. Class: Nursery/Pre-School KG/Pre-Primary Class I

3. Name of the Child: _____

4. Category under which Applied: (a) Economically Weaker Section (EWS)
(Please Tick whichever is applicable) (b) Disadvantaged Group (DG)

5. Category if Disadvantaged Group (DG):
(Please Tick whichever is applicable)

SC

ST

OBC(Non Creamy Layer)

Orphan

Transgender

Child With Special Needs/Disabled

Child With Special Needs/ Disabled (Mentally Challenged)

6. Gender: Male Female Transgender

7. Date of Birth*: Day Month Year

8. Age as on 31.03.2017 (In words): _____

9. Mother's Name: _____

10. Father's Name: _____

11. Guardian's Name (If applicable): _____

12. Profession of Parents/Guardian:

(a) Mother : _____

(b) Father : _____

(c) Guardian: _____

13. Present Residential Address**: _____

14. Mobile No. of the Parents/Guardian: _____

15. Email address, if any: _____

16. Aadhar No. of the Child, if any:

17. Aadhar No. of the Mother, if any:

18. Aadhar No. of the Father, if any:

19. Aadhar No. of the Guardian, if any:

20. Total Annual Income of both the parents from all sources: _____

21. Proof of Income for E.W.S. Only***: _____
(Income Certificate not required for Disadvantaged Group Category)

22. Income Certificate No.(if issued)/ Receipt No.(if applied but not issued) : _____

23. Income Certificate Date (if issued)/ Date of Receipt (if applied but not issued) : _____

24. Proof of Disadvantaged Group****: _____

25. Disadvantaged Group Certificate No. (if issued)/ Receipt No (if applied but not issued) : _____

26. Disadvantaged Group Certificate Date (if issued)/ Date of Receipt (if applied but not issued) : _____

Declaration by the Parents/Guardian

I _____ (Name) Mother/Father/Guardian of _____
_____ (Name of the Child) hereby declare that the information given above is true and correct to the best of my knowledge and belief. I have read and understood all the provisions of the notification in this regard. In case any information is found false or incorrect on verification, the admission of my ward may be cancelled and I will be liable for the action to be taken against me as per law.

Signature of the Parents/Guardian

Dated:-

Submit any one of the following documents as proof :

***Proof of Date of Birth:-**

- (1) Birth certificate under the Birth, Death and Marriage Certificate Act, 1986.
- (2) Hospital/Auxiliary Nurse and Midwife (ANM) register record.
- (3) Anganwadi Record.
- (4) Declaration of age of the child by the parents or guardian.