

DON BOSCO SCHOOL – ALAKNANDA - NEW DELHI

APPLICATION FORM

ADMISSION TO CLASS _____ 2025-26

<p>Family Photograph (Father, Mother & child/children together in one photo)</p> <p>(Paste)</p>	<p>Passport Size Photo of the Candidate</p> <p>(Paste)</p>	<p>FOR OFFICE USE ONLY</p> <p>Registration No.</p>
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(Fill the following in BLOCK letters)

1	Name of the Candidate:								
2	Date of Birth: (Attach copy of Birth Certificate)								
		D a t e	M o n t h	Y e a r					
3	Date of Birth in words:								
4	Sex:	MALE ONLY			SC / ST / OBC:				
5	Religion:				If Christian, specify the Denomination:				
6	Aadhaar Card No. of the Student								
7	Class to which Admission is sought:								
8	Father's Name:								
	Aadhaar Card No. of the Father								
	Designation:								
	Office Address:								
	Tel. / Mobile No.:				Email:				
9	Mother's Name:								
	Aadhaar Card No. of the Mother								
	Designation:								
	Office Address:								
	Tel. / Mobile No.:				Email:				

10	Residential Address:
	Tel. / Mobile No.:
11	Is sibling (Real Brother) studying in Don Bosco School Alaknanda? YES / NO <input type="checkbox"/> Name of Sibling (Real Brother) _____ Cl. & Sec. : _____ Admn. No. _____
12	Is the candidate's father an Alumni of Don Bosco School, Alaknanda? : YES / NO <input type="checkbox"/> If yes, year of passing : Class XII <input type="checkbox"/> DBA Alumni Registration No: <input type="text"/>
13	Any Medical History:
14	Any learning disability / disorder present in the Candidate: (Only Loco-motor disability will be considered in Don Bosco, Alaknanda) <input type="text"/>
15	School Last Attended:
16	Reason for seeking Admission to Don Bosco School, Alaknanda

17 Academic Performance in previous Class <i>(Apply only with a copy of the previous Report Card of the Previous Class 2024-25)</i>						
AGGREGATE PERCENTAGE	ENGLISH	HINDI	MATHS	SCIENCE	SST	ANY OTHER SUBJECT

18 Awards won in the past.

CERTIFICATE

I/We hereby certify that the above information provided by me/us is correct and I/We understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection /admission process without any correspondence in this regard. I/We also understand that the application / registration / short listing does not guarantee admission to my ward. I/We accept the process of admission undertaken by the school and I/we will abide by the decision taken by the school authorities. I/We will not change date of birth of my child.

Signature of the Mother

Signature of the Father

Date: